

THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER.

MAY, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ANALYSIS OF ONE THOUSAND CASES OF SKIN-DISEASE, WITH CASES AND REMARKS ON TREATMENT.\*

BY L. D. BULKLEY, A. M., M. D.

It is my purpose in the present paper to give some of the results of American experience in the observation and treatment of diseases of the skin, a branch which by no means merits the practical neglect with which it has been treated, but which repays to the fullest degree the most careful and serious consideration. I shall first make a short statistical inquiry as to the relative frequency of the different forms of cutaneous affections, and the influence of age, sex, etc., in their production, as based on an analysis of the cases treated at the Outdoor Department of Bellevue Hospital during the year 1874 by Dr. Maxwell and myself, Dr. Beverhout Thompson also attending a short time, and shall afterward invite attention to some practical methods of treat-

\* Read before the New York Medical Library and Journal Association  
February 12, 1875.

VOL. XI.—17

ment of these maladies which experience has shown to be of value. In my remarks I wish to be distinctly understood as expressing my own opinions as to theory and methods of practice, and do not thereby implicate in any manner either Dr. Maxwell or Dr. Thompson. I saw about one half of the cases.

The total number of new patients recorded in the class of skin-diseases during the entire year was one thousand and eighty-four, but of this number fifty were either wrongly entered in this department or there was no diagnosis given; and I have further struck off the first thirty-four patients of the year to make the number exactly one thousand, for convenience of comparison with other cutaneous statistics. The cases of diseases of the skin I have arranged in two tables: the first giving an alphabetical list of the diseases, and the number of instances of each, and the sex of the patients; and the second arranged in the order of frequency, with the percentage of the same.

TABLE I.

DISEASE.	Male	Female	Unknown	Total
Acne.....	42	69	...	111
Alopecia.....	3	1	...	4
Bromide of Potass. Eruption.....	1	...	...	1
Chloasma.....	...	3	...	3
Clavus.....	...	2	...	2
Dermatitis.....	5	9	...	14
Eczema.....	4	3	...	7
Erythema.....	137	164	1	302
Erectile Tumor (pedunculated).....	...	1	...	1
Erysipelas.....	8	5	...	13
Erythema.....	7	15	...	25
Excoriations.....	2	1	...	3
Furuncululi.....	10	9	...	19
Herpes.....	9	12	1	22
Hyperæsthesia cutis.....	2	...	...	2
Hyperidrosis (pedum).....	1	1	...	2
Ichthyosis.....	1	2	...	3
Lichen.....	6	6	...	12
Lupus.....	3	9	...	12
Miliaria.....	1	...	...	1
Neuroma (painful).....	1	...	...	1
Onychia.....	1	2	...	3
Pemphigus.....	...	2	...	2
Phthiriasis.....	22	7	...	57
Pityriasis.....	4	35	...	11
Prurigo.....	6	3	...	9
Pruritus.....	9	23	...	32
Psoriasis.....	23	27	...	50
Purpura.....	3	4	...	7
Roseola.....	...	2	...	2
Rötheln.....	...	1	...	1
Scabies.....	21	15	...	36
Scleroderma.....	...	1	...	1
Scrofuloderma verrucosum.....	1	1	...	2
Sycosis.....	8	...	...	8
Syphilodermata.....	28	70	...	98
Tinea.....	28	20	...	48
Ulcera.....	5	15	...	20
Urticaria.....	13	29	...	42
Variceloid.....	1	...	...	1
Verruca.....	5	...	...	5
	424	574	2	1000



TABLE II.

DISEASE.			Number.	Per cent.	DISEASE.			Number.	Per cent.
Eczema.....	{ Impetiginous ..... 5 Lichenous ..... 289 Sebacea ..... 12 Punctata ..... 8 Molluscum ..... 1 Simplex ..... 40 Indurata ..... 22 Rosacea ..... 28 }	302	30.2	Erysipelas...	{ Faciei..... 8 Capitis..... 1 Scrofulosorum..... 4 Simplex..... 1 Agnus ..... 2 Lividus ..... 1 Erythematous ..... 3 Vulgaris ..... 10 }	13	1.3		
Acne.....	{ Simplex ..... 40 Indurata ..... 22 Rosacea ..... 28 }	111	11.1	Lichen.....	{ Agnus ..... 2 Lividus ..... 1 Erythematous ..... 3 Vulgaris ..... 10 }	12	1.2		
Syphilodermata.....	{ Capitis ..... 24 Corporis ..... 20 Pubis ..... 1 Phthiriophobia ..... 11 Phthiriosis ..... 11 }	98	9.8	Lupus.....	{ Pityriasis ..... 11 Prurigo ..... 9 Sycosis ..... 8 Rheumatica ..... 1 Hemorrhagica ..... 1 Simplex..... 5 }	12	1.2		
Phthiriasis.....	{ Trichophytina { Circinata ..... 21 Sycosis..... 2 Versicolor..... 9 Favosa ..... 5 Onychia Parasitica..... 1 }	57	5.7	Purpura.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	11	1.1		
Tinea.....	{ Trichophytina { Circinata ..... 21 Sycosis..... 2 Versicolor..... 9 Favosa ..... 5 Onychia Parasitica..... 1 }	48	4.8	Ecthyma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	9	0.9		
Urticaria.....	{ Senilis ..... 8 Vulva ..... 3 Pregnans ..... 1 ..... 20 }	42	4.2	Sycosis.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	8	0.8		
Scabies.....	{ Senilis ..... 8 Vulva ..... 3 Pregnans ..... 1 ..... 20 }	36	3.6	Purpura.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	7	0.7		
Pruritus.....	{ Senilis ..... 8 Vulva ..... 3 Pregnans ..... 1 ..... 20 }	32	3.2	Ecthyma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	5	0.5		
Erythema.....	{ Faciei ..... 11 Multiforme..... 2 Papulatum ..... 2 Papulatum et nodosum ..... 1 Zoster ..... 12 Faciei ..... 2 Labialis..... 7 Linguae ..... 1 }	25	2.5	Alopecia.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	4	0.4		
Herpes.....	{ Faciei ..... 11 Multiforme..... 2 Papulatum ..... 2 Papulatum et nodosum ..... 1 Zoster ..... 12 Faciei ..... 2 Labialis..... 7 Linguae ..... 1 }	22	2.2	Epithelioma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	4	0.4		
Ulcers.....	{ Faciei ..... 11 Multiforme..... 2 Papulatum ..... 2 Papulatum et nodosum ..... 1 Zoster ..... 12 Faciei ..... 2 Labialis..... 7 Linguae ..... 1 }	20	2.0	Chloasma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	3	0.3		
Furunculi.....	{ Faciei ..... 11 Multiforme..... 2 Papulatum ..... 2 Papulatum et nodosum ..... 1 Zoster ..... 12 Faciei ..... 2 Labialis..... 7 Linguae ..... 1 }	19	1.9	Excoriationes.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	3	0.3		
Dermatitis.....	{ Faciei ..... 11 Multiforme..... 2 Papulatum ..... 2 Papulatum et nodosum ..... 1 Zoster ..... 12 Faciei ..... 2 Labialis..... 7 Linguae ..... 1 }	14	1.4	Ichthyosis.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	3	0.3		
				Onychia.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	3	0.3		
				Clavus.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Hyperaesthesia cutis.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Hyperidrosis (pedum).....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Pemphigus.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Roseola.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Scrofuloderma verrucosum.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	2	0.2		
				Elephantiasis Arabum.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Erectile Tumor (pedunculated).....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Miliaria.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Neuroma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Eruption from Bromide of Potassium.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Rötheln.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Scleroderma.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
				Varioloid.....	{ Ecthyma ..... 7 Verruca ..... 5 Areata ..... 1 Partialis..... 1 Nasi..... 2 Labialis..... 1 }	1	0.1		
						1000			

It will be seen on glancing at the tables that all the diseases which have been noted are arranged under forty-three heads, and that several of these again include a number of different forms usually recognized as separate diseases; thus acne has six varieties; eczema includes much that might be called by some impetigo and lichen; tinea includes the tinea circinata and tonsurans, or ring-worm of the body and head; also favus, parasitic sycosis, and so on.

Considerably more than one half of all the patients were females—five hundred and seventy-four to four hundred and

twenty-four males, an excess of one hundred and fifty or fifteen per cent of females—and in two cases the sex was not stated. But little can be learned, however, from this, as the females are more at leisure to come during the dispensary hours, and many of the diseases are more annoying to this sex than to men. But a comparatively small proportion were children, except in the case of eczema, where about one sixth of the entire number were five years of age or under. The number of cases is too small to draw any conclusions as to the season of the year in which various diseases are wont to appear, nor can any deductions be made as to the effect of occupation in producing disease, except in certain instances. It is, however, certain to my mind that a very large share of cases are the direct result of filth, neglect of hygienic rules, and of poor and improper food. As an instance of the effect of filth I would cite the one hundred and forty-one cases due to animal and vegetable parasites, one seventh of the whole number analyzed; of the neglect of hygienic considerations, the ninety-eight cases of syphilitic eruptions, or one tenth of the whole; and of dietary errors, the one hundred and seventy-seven cases of acne, erythema, and urticaria, or one sixth of the whole; together with the direct effect of dietary errors in causing outbreaks of eczema, furuncles, pruritus, lichen, etc.

In further commenting upon these cases I shall speak of the diseases in the order of their frequency, taking occasion at times to compare these statistics with those which have been published in other cities.

1. *Eczema*.—First in the list of diseases of the skin, from its frequency as well as its very great importance, stands eczema; and in all the statistics published it has always outnumbered any other form of cutaneous disease many-fold (with the single exception, I believe, of McCall Anderson's hospital statistics,\* where scabies equals eczema in frequency),

\* Diseases of the Skin—Analysis of Eleven Thousand Cases. London, 1872.

the proportion being always about the same; namely, one third of all cases. Under eczema I have included its lichenous and impetiginous forms, although it will be seen that the term lichen is also retained to represent a separate disease, as will be noticed later. Eczema occurred three hundred and two times in the one thousand cases; one hundred and sixty-four females, one hundred and thirty-seven males; in one case the sex was not noted. This relation of the sexes is quite at variance with what has been stated by Wilson\* with reference to its occurrence in the middle and higher walks of life. Thus in his first thousand the majority of males over females was forty-four, in the second thousand thirty-one, the majority of the whole two thousand being seventy-five; whereas with us the proportion was reversed, the excess being twenty-seven in the thousand in favor of females.

It is impossible from dispensary statistics to give the ages at which the disease appears, as in very many of the cases it was of long duration or a second or later attack; nor can we adduce any thing definite as to the length of time under treatment, although notes were made of many cases, as the attendance of the poor is often fitful, and dependent very frequently upon their ability to find employment or not, and they seldom are seen as long as the physician would wish. Again, ignorance and forgetfulness on the part of patients do much to prevent or retard a cure, assisted to a large degree by the erroneous diet and habits of life, which it is often impossible to alter.

It may be interesting, however, to consider for a moment the age of those applying for relief, as in the following table:

1 year and under.....	18	20 to 30 years.....	39
1 to 2 years.....	16	30 to 40 years.....	38
2 to 3 years.....	9	40 to 50 years.....	38
3 to 4 years.....	5	50 to 60 years.....	40
4 to 5 years.....	8	60 to 70 years.....	28
5 to 10 years.....	20	70 years and over.....	3
10 to 20 years.....	39	Uncertain age.....	1

\* *Journal of Cutaneous Medicine, etc.*, vol. i, 1868, p. 258.

Here it will be seen that the greatest predisposition to eczema is during the first year of life, when eighteen cases were observed; and during the first five years fifty-six cases, or more than one sixth of the whole, occurred; the next five years, five to ten, giving but twenty, or a total of seventy-six for the first decade. Wilson's statistics give but twenty-nine for the first thousand and forty-one for the second during this first decade, showing that the lower station in life has much to do in rendering the very earlier years subject to eczema. Again, the thirty years from the ages of thirty to sixty gave with Wilson one hundred and sixty-two patients with eczema in each thousand against one hundred and sixteen in our statistics. Now this period between thirty and sixty we know to be that most liable to gouty trouble, and it is quite probable that the indolent and sedative life with over-indulgence of the rich has much to do in making eczema more common during middle life in the higher walks of English society than among the lower classes in America.

As to the treatment of these cases, having entered quite fully into "The Management of Eczema," in a paper read before this association within the current year,\* I will not at this time dwell much on the subject. Quite a proportion of these cases were in the young, as before stated; eighteen of the patients occurring in the first year of life, fifty-six in all being five years or under. Eczema at this period requires very careful and judicious treatment. Each case almost will require a different course; and it is well to remember that it is the *patient* which is to be treated, and not the disease. I do not order poultices to remove the crusts of infantile eczema, as many do, preferring much to cause their separation by means of fatty matter. Among the poor, and sometimes among the rich, I have the head soaked in cod-liver oil (sweet-almond oil answers), or I have an ointment applied at

\*Transactions of American Medical Association, vol. xxv, 1874, page 121. Reprint, G. P. Putnam's Sons, New York.

once in a tolerably soft form; directing that the head shall not be washed at all, but as fast as the crusts fall, perhaps with slight assistance from the finger-nail, the ointment is to be re-applied; the idea being to thoroughly protect the irritated mucous layer of the skin, and to shield it from air and water. Occasionally the crusts will accumulate and adhere, and it becomes necessary to use a poultice or wash the head well with warm water and borax; but this, in my experience, is very rare.

During the past year I have employed very largely tannin in ointment (one drachm to one ounce) in eczema, and like it very well. A very common treatment is to bathe first with the *liquor picis alkalinus*, diluted ten or twelve times, twice a day, and apply the tannin ointment immediately afterward. I have also used with very satisfactory results the subnitrate of bismuth in ointment (half a drachm to one ounce), and prefer it in very many instances to that of zinc, as commonly employed. I would again mention the value of the rose-ointment as an excipient, and its efficiency when the simple ointment has failed. Several cases of eczema rubrum covering quite a large part of the body of children one or two years old were seen. These cases are often most obstinate. Our best results were attained by starch and alkaline baths, and powdering the surface with subnitrate of bismuth and starch.

Internal treatment is always required, and I believe that the largest percentage of good results was obtained by means of cod-liver oil in appropriate doses. Syrup of the iodide of iron is also invaluable in treating eczema in children.

In adults most of the cases of eczema were of the chronic form, very many of them being in the legs, and dependent upon varicose veins. The treatment of these is very frequently unsatisfactory, because of the continued existence of the cause, especially among the poor, who can not give the necessary time to rest. Elastic stockings should be insisted on in eczema of the legs when the disease has recurred often

or lasted long; for, although the veins may not appear to be varicose, there is often a want of tone of the capillaries, which is supplied by the stockings. We have had good results from the use of tarry preparations, and have known a moist eczema to be completely healed after a very few applications of the *liquor picis alkalinus* in full strength. A common treatment in chronic eczema is equal parts of tar and oxide-of-zinc ointments, with the addition of a little mercurial ointment, as the citrine, when the surface ceases to be moist.

In place of the *sapo viridis*, or green potash soap of the Germans, I have been employing the ordinary American soft-soap made with potash, and with almost, if not quite, as good results, although it contains relatively less potassa. In one case of eczema of the hands, in a mason aged thirty-three years, which had existed for ten or more years, it was used with excellent effect. He had been treated by me with other measures for six months with varying success, and when this method was commenced the skin on the backs of both hands was very greatly thickened, even to three or four times the normal; the surface was hard and scaly in some places, moist and cracking in others. He was first given a strong potash solution (one drachm to one ounce), with which the surface was well rubbed once or twice, and covered with the diachylon ointment of the Germans. This caused great swelling, which subsided, leaving the parts somewhat less thickened. He was then directed to rub in the common soft-soap well, night and morning, and cover the hands as before; and after a short time the friction with which it was applied was increased, until he came to using an ordinary scrubbing-brush, such as is used for the floor. Dipping it in soft-soap, the back of each hand was scrubbed—the palm resting on a table—till the opposite arm and shoulder were tired. The result was that at each visit a marked diminution in the thickness was noticed, and in three weeks the skin was reduced to

almost the normal thickness, and his hands better than they had been for ten years. This is an exaggerated case, but is of value, showing how far the stimulating treatment may be pushed with advantage; whereas, on the contrary, ninety out of one hundred of the ordinary run of eczema cases would be greatly aggravated by such means.

In one case of eczema of the scrotum I obtained very excellent results from the repeated application, by means of a camel's-hair brush, of the compound tincture of benzoin. The man ceased attending before the thickening had entirely disappeared, and the ultimate result can not be stated with certainty; but it is probable that the disease was cured, as the remedy was the first one tried by me, and the relief and satisfaction expressed by the patient was very great.

Quite a large share of the cases of ordinary eczema of various parts was treated by the oxide-of-zinc ointment, very generally in conjunction with some internal medication, depending upon the state of the patient. Many of this class are the constant subjects of dyspepsia, and the rhubarb-and-soda mixture was very commonly used. I frequently add Fowler's solution to it, giving of the latter three or four drops with a tea-spoonful of the former. Many of these patients require tonics, and the ammonio-citrate of iron and compound tincture of cinchona were generally used. Acute lichenous eczema I frequently treated with Startin's mixture of sulphate of magnesia, sulphate of iron, aromatic sulphuric acid, and gentian. Acetate of potassa, alone or combined, was used somewhat, and in my hands has done much for eczema.

2. *Acne*.—Acne appears second on our list in point of frequency, and we are quite willing to accord it that place so far as the annoyance to the patient (and oftentimes the physician) is concerned. Although acne belongs rather to those of luxurious habit, it is not an uncommon affection among the poor of this city, and especially those who lead indoor lives; hence it is that by far the larger number affected



are females (although it is true that, it being more a matter of vanity and not a disease affecting the welfare of the patient, males pay less attention to it).

There appear in our statistics one hundred and eleven cases of acne, of which sixty-nine were females and forty-two males. This is the largest proportion of any report of poor-practice with which we are acquainted, except in the Boston Dispensary for Diseases of the Skin, for 1874, where the ratio is a trifle larger. Among the poor of Glasgow\* the proportion is only about one twenty-fifth of the whole; that is, but about one half the frequency which we have recorded; a fact due, as we suppose, to the more outdoor life of the Scotch, their plainer habits of living, and perhaps their national fondness for oat-meal. Certain it is also that the almost universal habit of frying much of the food, together with the great use of potatoes and the over-indulgence in tea, are prolific sources of acne with us.

Under acne I include not only the well-known papular and pustular eruption on the face, but also the erythematous form; the acne rosacea, which Wilson has attempted to isolate with the name gutta rosea; also the functional disturbances known as comedo, or acne punctata, and seborrhœa, or acne sebacea. The one hundred and eleven cases presented the following varieties: acne sebacea, 12; acne punctata, 8; acne molluscum, 1; acne simplex, 40; acne indurata, 22; acne rosacea, 28.

The acne simplex is decidedly a disease of adolescence. The youngest persons in whom it was observed were in two girls aged fourteen; two boys aged fifteen were recorded also with this form. During the five years, from fifteen to twenty, thirty-five cases of acne applied for treatment, and twenty-nine from twenty to twenty-five years of age; thus making the total number before twenty-five years of age sixty-six, and after this period but forty-five.

\* McCall Anderson—Treatment of Diseases of the Skin, 1872, p. 7.

It is not easy to make out the causes of disease among this class of patients, as the time given for treating them is very limited, and the notes made are often hurried. A large share of the cases, however, depended more or less directly upon the occupation, habits, and diet of the patient. Very many were directly associated with constipation and dyspepsia, as I have elsewhere shown,\* and a few doubtless with uterine derangement, as many of the symptoms were often complained of; but no uterine examination is possible in this run of practice. To my mind it is useless to call this acne by the name *juvenilis*, and attribute it to sexual development; for, although it most certainly occurs very frequently during this period, on the other hand multitudes pass puberty without its appearance, or if it does occur it is of mild form and short duration; the changes in the skin occurring at puberty undoubtedly predisposing to it, but the disease does not appear in its rebellious form without some other exciting cause.

The oldest patient with acne rosacea was a man aged fifty-four. There were quite a number of cases of acne sebacea in old persons, the oldest person being a man aged sixty-six. The nose is the most common seat of the dry, almost horny, secretion, forming crusts reaching down into the sebaceous glands. These latter cases are very difficult to cure. The best treatment is the repeated application of an alkaline wash (as of caustic potash, five to ten grains to the ounce), and the after-use of some slightly stimulating ointment, applied in very small quantity.

Very many of the acne patients were benefited by the internal administration of acetate of potassa (fifteen grains three times daily, well diluted) on an empty stomach; but the effect of this must be followed up by tonics. Arsenic, in my experience, is of but very little use in acne. I have during the past two or three years employed quite largely

\* American Practitioner, December, 1872.

the plan of treatment suggested by Gubler, of Paris—namely, the internal use of glycerine in doses of from one to three or four tea-spoonfuls three times a day, after eating—and with good results. At first I colored and flavored it, but latterly I have given the citrate of iron and quinine in it, which effects both, and assists its tonic action. This plan is especially suited to those whose skins are greasy or muddy-looking, with many comedones. I have had it fail repeatedly in the rosaceous form.

Locally most of my patients used hot water with good results, and I have prescribed more largely than any other a lotion containing one drachm of washed sulphur, four drachms of sulphuric ether, and three and a half ounces of alcohol, and with very generally good effect. I have rarely employed the bichloride of mercury in washes, but sometimes the well-known wash of sulphur, camphor, and water.

3. *Syphilodermata*.—It is a sad fact that third on our list as to frequency of occurrence come the cutaneous lesions produced by syphilis; and sadder yet, that of the ninety-eight cases of this which were recorded seventy occurred in females to twenty-eight males. Syphilis thus gave rise to nearly ten per cent of all the cases of skin-disease. This does not include the primary sores, they seldom, if ever, appearing in this class. This percentage is much greater than that given in most other statistics; thus in McCall Anderson's ten thousand dispensary patients but a trifle over five per cent of the diseases were of specific origin; at the London Hospital for Diseases of the Skin only about five per cent; at St. John's Hospital for Diseases of the Skin only about three per cent; at the Boston Dispensary for Diseases of the Skin the proportion was about seven per cent, and at the Philadelphia Dispensary about eleven per cent.

The majority of the cases were those of the later manifestations of syphilis, the earlier or macular eruption appearing more seldom. Thirty-one were recorded as having tubercular

syphilis, many others noted as having merely tertiary symptoms. There were no new cases of infantile syphilis recorded during the year, but there were a number under treatment, entered on the books toward the close of the preceding year. Although but little can be learned from the ages of these patients, inasmuch as many of the cases suffered from the initial lesion many years previously, it may not be uninteresting to note that the youngest applying was aged thirteen, a girl; also other girls aged sixteen and seventeen; the youngest male being seventeen; the oldest person was aged sixty-one; sixty-six of the ninety-eight were between twenty and forty years of age.

There were five cases of the squamous syphiloderm of the palm of the hand, often wrongly called palmar psoriasis. Some of these were of long duration, and had been treated locally elsewhere with no effect, but yielded promptly and perfectly to the internal administration of specific treatment.

One very remarkable case of dactylitis syphilitica occurred, which was shown at the New York Dermatological Society, and recorded in the Archives of Dermatology for October, 1874. The boy was aged sixteen, and the disease, which had lasted almost from infancy, had produced great deformity of both hands and feet, some of the phalanges seeming lengthened and others shortened, and the skin was marked by many cicatrices, and in some places there were ulcerating portions covered with scales and crusts. The disease had been considered scrofulous formerly, and the boy had taken cod-liver oil most of his life, with but little benefit. Very prompt improvement in the parts still undergoing active change was obtained by the mixed treatment. The disease was probably congenital.

Another remarkable case of probably hereditary syphilis was also under treatment, in a fine-looking married woman, aged twenty-four, who had been affected with a tubercular cutaneous lesion since about seven years of age. On the

forehead were two well-marked depressions left after nodes, and on the forehead, lip, cheek, and back there are still remains of the eruption. She has improved more under the treatment of mercury and iodide of potassium than under any she has previously had, and the large tubercular syphilide covering the whole of back of the shoulders, which was ulcerated and crusted when first seen, has healed.

Certain cases have proved most rebellious to treatment. In one woman of forty-three years a gummy tumor of the right elbow has resisted every measure, has ulcerated into the joint, the bone has necrosed, and the arm has been useless for many months. The patient is irregular in attendance, is very poor, and all the elements of the case are unfavorable. In one case of tubercular eruption about the right cheek and nose but little change was effected by internal treatment until the local application of the oleate of mercury (ten per cent), when rapid improvement took place for a while, but the masses are again stationary. One patient, a woman aged fifty-three, with dactylitis of the right large toe, retained her disease for many months. Ulceration occurred from friction, the joint appeared to be opened (but was not probed), but the ulceration healed again, leaving the joint still much enlarged when last seen.

In another woman, aged forty years, eczema was a very troublesome complication of syphilis. She had an ulcerating tubercular syphilide of the sole of right foot, and shortly after the administration of the mixed treatment on several occasions the leg and other portions became so severely affected with eczema that treatment had to be suspended, as the trouble increased as long as it was persisted in. So it was necessary to alternate the treatment as one or the other disease gained the ascendancy, until finally the syphilide was healed and only a little scaly eczema left. On one occasion the whole body was affected, red, hot, and rough, and afterward desquamated abundantly, leaving in some places moist eczema. I suppose

it was owing to a peculiar susceptibility to iodide of potassium, which I have known to induce eczema in other cases.

In another case, of a man about thirty-five years of age, a thickened patch of chronic eczema improved very rapidly and satisfactorily under a specific treatment given for a papular syphilide, but did not disappear entirely until a local application was made. Such cases are sometimes called syphilitic eczema, wrongly I think, for I have yet to learn that a true eczema can be produced solely by syphilis.

One patient, aged fifty-one, presented the peculiar and somewhat rare disease described by Van Buren and Keyes as chronic circumscribed inflammation of the erectile tissue of the corpora cavernosa. He came first for the treatment of a slightly ulcerating tubercular syphilide on the right buttock, and great general prostration. He had no other symptoms, and gave no other syphilitic history or of any primary sore certainly within the previous ten years; but shortly after being first seen he had diffuse syphilitic orchitis, which disappeared with the cutaneous lesion after a few weeks' longer treatment. Shortly after the occurrence of the testicular trouble I noticed the hard patch deep in the texture of the penis, on its upper surface, causing deviation on erection. The case was shown and examined at the New York Dermatological Society, and the disease recognized completely. There was a hard plate, of cartilaginous feel, about half an inch square, occupying about the middle of the dorsum of the penis, situated evidently in the corpora cavernosa; the skin was freely movable over it. The disease has lasted to the present time, six or seven months, and has rather increased than diminished. He has taken syphilitic treatment all the time, and kept the oleate of mercury (ten per cent) applied.

The treatment in most of my cases has been the bichloride of mercury (one thirty-second of a grain) with from seven to fifteen grains of iodide of potassium in mixture, with tonics,

thrice daily. I have combined the carbonate of ammonia with the potassium in many cases, with rather better results than from the iodide alone. Inunction was but seldom used.

4. *Phthiriasis and Scabies*.—Animal parasitic diseases also formed nearly one tenth of the whole number of our cases. Of the ninety-three present fifty-seven were due to the varieties of pediculus, or louse, and have the name *phthiriasis*; and thirty-six to the *acarus scabei*, forming *scabies*, or itch. These diseases, preventable by cleanliness, are, I am glad to say, very much less frequent here than in Scotland; for McCall Anderson states that scabies forms fully twenty-five per cent or one fourth of the whole number of skin-patients among the poor in Glasgow, and Milton over eighteen per cent at the St. John's Hospital for Diseases of the Skin in London. It is to be hoped the proportion here will be even more lessened as intelligence and sanitary knowledge pervades the community.

The varieties of phthiriasis were as follows: phthiriasis capitis, 24; corporis, 20; not stated, 11; pubis, 1; phthirio-phobia, 1. Of the fifty-seven cases thirty-five were females and twenty-two males. The statistics as to the first variety, affecting the head, are interesting as to probable causation. Twenty-three of the twenty-four occurred in persons under twenty years of age; and of these twenty-three nineteen were in females, owing probably to the longer hair, the number and kind of articles used for adornment, and the greater difficulty in combing it when once infected. The *plica polonica*, the nature of which was so long a mystery, is nothing more or less than hair matted together by uncleanness, and allowed to become the home of both animal and vegetable parasites. Happily this condition is very rarely seen in this country; none of these cases even approached to it. Body-lice are a very frequent accompaniment of poverty, and the cases here recorded (twenty) give no idea of the frequency of the condition, as but few of those suffering from them apply for relief,



knowing its uselessness under the existing circumstances. Occasionally over-scrupulous persons become infested with the *idea* that they are suffering from body- or head-lice, when really perfectly free from them, to such a degree as to cause themselves much mental distress and the physician much annoyance. One such case was recorded under the name *phthiriophobia*.

Our common method of treatment of the head-lice among the poor is to soak the head well for twenty-four hours in kerosene-oil, which destroys all the bugs and their nits; then wash the head well with soap and warm water, comb it out, and saturate it with cod-liver oil till all the sore places are healed. This treatment is very rapid and very sure, three or four days or a week at most serving to heal all excoriations. Or white precipitate or citrine ointment, diluted two or three times, applied from the first, will answer in many cases, and is perhaps the best in private practice. Its value is increased by having it highly scented with rosemary or some other volatile oil. For lice of the body we generally use a combination of one drachm of caustic potash and two drachms of carbolic acid in four ounces of water, using it diluted once or twice at first, directing also the clothing to be sprinkled with it. To make the cure of any of these forms permanent the clothing must be either boiled or baked for a long time, also the bed-linen, and often the bedding itself requires attention.

Of the thirty-six cases of *scabies*, twenty-one occurred in males and fifteen in females, and twenty-six of the entire number in persons under twenty years of age. In several persons older than twenty years it could be directly traced to contagion in the family or to the occupation. Thus, one old man of sixty with *scabies* was a shoemaker, and contracted the disease in all probability from children's shoes which he was mending; for we know that the feet are very commonly affected in this disease in children. Another man,

aged twenty-seven, was a rag-carpet maker, an occupation fraught with danger from many infectious diseases. In one family five were affected, aged respectively ten months, four, six, eleven, and thirteen years; in another family four members had the eruption.

In older persons the disease was treated with sulphur ointment, with the addition of a little carbonate of potash. In younger patients, with more tender skins, the liquid storax or balsam of Peru, in ointment, was used, with equally good if not better results.

5. *Psoriasis*.—The cases of psoriasis, fifty in number, were pretty evenly divided between the sexes, twenty-seven females to twenty-three males. The youngest patient was nine years of age, a boy; the oldest seventy, also a male, and another case of a man aged sixty. Many of the cases were of great duration; one case is noted as having lasted twenty-four years in a woman aged thirty-nine, another eighteen years in a woman of thirty-seven; of course, with exacerbations and remissions; the case of the man aged seventy was recorded as psoriasis inveterata, but no duration is stated.

Most of these patients were treated largely by local measures alone, because of the well-known obstinacy of the disease and the frequent neglect of treatment, whereby much that had been done would often be wasted. The preparations of tar, *liquor picis alkalinus*, or Hebra's compound tincture of green soap and oil of cade, were principally used, with diluted mercurial ointments. In many of the more recent cases arsenic and alkalies were given, but no conclusions as to results can be drawn. I have obtained, however, very marked effects from the internal administration of tar and potash as combined in the *liquor picis alkalinus*, which we have so often presented to the profession\* (*picis liquidæ*, ʒij; *potassæ causticæ*, ʒj; *aquæ*, ʒv), giving from fifteen to thirty drops, largely diluted, on an empty stomach. It has the direct

\* Archives of Scientific and Practical Medicine, Feb., 1873 (Brown-Sequard's).

effect of diminishing the cutaneous congestion and lessening the scales. When long-continued it may disagree with the stomach, but it is a remedy of value when others fail. Three of the patients with psoriasis—two males, each aged forty, and one female, aged forty-four—had acne rosacea. No necessary connection between the two diseases is known. In none of the cases of psoriasis which came under my observation were the tongue or lips affected; all were examined, I believe. I mention this as some have intimated a connection between the lesion known as *psoriasis lingue* and this disease.

6. *Tinea*.—Forty-eight patients—twenty females, twenty-eight males—affected with diseases caused by vegetable parasites were recorded, and are thus divided: *First*, those due to the parasite *trichophyton*—(a) *tinea tonsurans* (ring-worm of the head) 10, (b) *tinea circinata* (ring-worm of the body) 21, (c) *tinea sycosis* 2, total 33; *second*, that caused by the *microsporon furfur*—the *tinea versicolor*, 9; *third*, that due to the *achorion Schönleinii*—*tinea favosa*, or favus, 5; *fourth*, of uncertain origin, *onychias parasitica*, 1. *Tinea tonsurans* is emphatically a disease of childhood, all of the ten cases occurring in patients fourteen years of age or under—three girls, seven boys—while an equal number of ring-worms of the body were seen during the same period of life—six girls and four boys—the oldest being thirteen years. The oldest person with this form of disease was a woman aged forty-five.

*Tinea versicolor* is stated by McCall Anderson to occur as frequently in males as females. Of our nine cases seven were the latter and but two males; but this number by no means indicates its frequency, as it is of such slight importance that patients do not often apply for its removal. I well remember its frequency among miscellaneous patients when hospital *interne*, and when serving in other dispensary classes. It seldom attacks children or those past middle life.

Five cases of favus were recorded during the year. The disease is rare in this country as compared with Europe.

McCall Anderson gives over fifteen and a half per thousand, or more than three times the proportion here observed.

It will be noticed that I have not included among the vegetable parasitic diseases the *alopecia areata*, which has been thus classed by some with the name *tinea decalvans*, and ascribed to a parasite *microsporon audouini*. One case of this occurred; but as I have repeatedly and always searched in vain for the supposed parasite, and believe the weight of evidence to make it a neurosis, I place it with the other forms of alopecia.

As to the treatment of the vegetable parasitic diseases, I trust very much to sulphurous acid; but since this is difficult to get and keep strong in dispensary practice, many of the cases were treated with mercurial ointments, properly diluted. I have also used with success the oleate of mercury (ten per cent), likewise the *liquor picis alkalinus* in ointment (one drachm to one ounce). I object very much to the use of the bichloride-of-mercury wash after the fatal case from its use in England a year or so since. Any preparation must be very thoroughly applied in order to be effectual, and I generally recommend frequent and thorough washings with soap first in all this class of affections. In the *tinea versicolor* the carbolic-acid-and-potash wash mentioned under phthiriasis is very effectual. I have recently learned of success in ring-worm from the local use of castor-oil, a very few applications sufficing for a cure. I have not tried it, but shall do so, for every new remedy of value added to our list is a great acquisition.

7. *Urticaria*.—Of this disease there were recorded forty-two cases, twenty-nine females to thirteen males. I feel that little can be added from these cases, as they are mostly acute attacks, and the patients were generally seen but once or twice. One case of periodical urticaria, occurring at seven o'clock every evening, was arrested by quinine, about ten grains, given an hour or two before the expected attack.

8. *Scabies*.—This, the next most frequent disease, has been already noticed with phthiriasis, section 4.

9. *Pruritus*.—Pruritus, among the poor especially, is such an uncertain disease, due to so many causes, that the teachings from those recorded at Bellevue are rather unsatisfactory. Thirty-two cases were noted, twenty-three females and nine males, of which eight were put down as pruritus senilis, three of the vulva, one due to pregnancy, and in twenty nothing is stated save the diagnosis pruritus. It is probable that very many were due to lice, although none were found, or their traces, in the examination given.

10. *Erythema*.—Besides the erythematous stages of eczema at its beginning and ending, there were twenty-five cases—eighteen females and seven males—recorded as distinct erythema, classified as follows: erythema of the face and nose, 11; erythema multiforme, 2; erythema papulatum, 2; erythema papulatum et nodosum, 1; and in nine cases simply erythema. Erythema of the face and nose, unconnected with any other disease, is not very uncommon, though among the poor comparatively few apply for its relief. In McCall Anderson's statistics of private practice the different varieties of erythema together formed one tenth of the whole thousand, though it was far from being as frequent with Mr. Wilson.

Several cases of multiform erythema were seen in young Irish girls just after landing, a disease which I have repeatedly met with under similar circumstances in other dispensaries. They are undoubtedly the result of the disturbed condition of the digestive functions, assisted by neglect of cleanliness, so common under these circumstances. These cases usually yield very promptly to a mercurial purge and the mixture of sulphate of magnesia, iron, acid, and gentian before alluded to. Two cases of erythema papulatum were observed, and one in which this form was associated with the erythema nodosum. In this latter case some rheumatic symptoms were also present.

11. *Herpes*.—Twenty-two cases were recorded as herpes—twelve females, nine males, one sex not stated—of which twelve were cases of herpes zoster or zona, seven were on the lip, two the face, and one the tongue. Of the cases of zoster, two affected the leg and one was brachio-thoracic; the youngest patient was a boy two and a half years old, the oldest a woman of fifty; two others, boys, aged seven and thirteen respectively, were attacked; five of the twelve were females, seven males.

12. *Ulcers*.—Most of the cases of ulcers were of the lower extremity, and the result of varicose veins. The cases were in the main intractable, owing to the weak condition of the patients, the necessity of their standing on the feet most of the day, and their neglect of treatment. None of the radical methods of treatment were employed—such as incisions in and around them, tying the varices, etc.—because the cases did not seem to warrant it. The number of ulcers noted, those from syphilis not being included, was twenty, occurring in fifteen females and five males. The youngest was a youth of nineteen, with varicose ulcers; the oldest a man of sixty-five, with the same trouble. Twelve cases of the twenty were included between the ages of thirty and forty.

13. *Furuncles*.—Nineteen patients—nine females and ten males—were entered on the book with furuncles (one of them was carbuncular). The ages ranged from three to sixty years. I have relied a good deal on the hyposulphite of soda, half a drachm thrice daily, in cinnamon-water, largely diluted, on an empty stomach, as recommended by McCall Anderson, and have had repeated evidence of its very great value in checking the suppurative action. The rhubarb-and-soda mixture answers also very well, and was given to many patients. Sometimes cod-liver oil acted better than any other remedy.

14. *Dermatitis*.—The cases which can properly be classed as dermatitis were few in number—fourteen—nine of which occurred in female and five in male patients. Two were due

to the irritation of the rhus toxicodendron, one to fire, one to a cantharidal blister, two to traumatism, and in eight the cause or variety is not stated or is not significant.

15. *Erysipelas*.—Erysipelas presented itself in thirteen patients, five females and eight males. Eight times it affected the face, once the head, once the leg, once the foot, and in two the location was not stated. The treatment varied with the case, and did not present any thing of special interest.

16. *Lichen*.—I can not agree with the German school in making but two kinds of lichen, the lichen scrofulosorum and lichen ruber. Clinically there appear a variety of cases of papular eruption, which never tend to become eczematous, but whose papules—red, acuminate, and firm to the feel—stand more or less isolated, itch excessively, and often resist treatment most unsatisfactorily. This eruption may be either acute or chronic, attacks chiefly the extensor surfaces, often the neck and shoulders; the acute form giving rise to burning pain and imparting a sensation of heat to the hand, the chronic variety only itching and feeling rough. We recognize therefore clinically three varieties of lichen: (1) lichen simplex, acute or chronic; (2) lichen ruber planus; and (3) lichen scrofulosorum. There were twelve cases—six females, six males—of lichen in the thousand, of which five were the acute simplex form, two the chronic simplex or agrius, one the lichen scrofulosorum, one associated with purpura, and in three the variety was not stated. The ages varied from eight to sixty-eight years, the majority of all the patients being between twenty-two and forty-five years of age. The treatment of the acute forms was soothing, of the chronic stimulating, with tar and mercurial ointments, as the citrine. The lichen scrofulosorum requires cod-liver oil.

17. *Lupus*.—But twelve cases of lupus were recorded, of which nine occurred in females and three in males. This accords with the experience of others, which makes lupus to be much more frequent in women than in men. But the



disease is not nearly so common here as in other countries, our proportion of lupus to other diseases of the skin being only a little over one per cent; in Glasgow it is almost two per cent in dispensary and two and a half in private practice; Hebra's statistics give 1.66 per cent for lupus vulgaris alone; Wilson's private practice 1.55 per cent for both forms. Of the twelve cases two were of the erythematous variety, eight of the vulgaris (one of these being of the exedens form), and in two only the term lupus was recorded. The youngest patient was the boy, aged sixteen, referred to below; the oldest sixty-five years of age. One case of the ulcerating variety, on the end of the nose of a boy aged sixteen, was treated by Hebra's method with the points of nitrate of silver, and cured completely in three sittings. The disease has not returned now after an interval of seven months. Most of the cases were treated less actively, with varying success; many are soon lost sight of.

18. *Pityriasis*.—Of the eleven cases of pityriasis recorded seven were in females and four in males; the youngest five months, the oldest fifty years of age. Inasmuch as the cases were none of them seen by myself, I will reserve comments.

19. *Prurigo*.—It is very important that correct ideas should prevail as to the use of the terms pruritus and prurigo; the former a symptom in a large share of cases or a neurosis in others, and the latter, as has been well-defined by Hebra, a true cutaneous disease. This latter affection—consisting of fibrinous papules deep in the cutis, the skin being generally of normal color over them except when scratched, the eruption developed principally on the extensor surfaces, more commonly on the thighs and legs first, with enlargement of the nearest lymphatic glands—this true prurigo of Hebra is seldom seen in this country. I have observed it but a few times, and not at all among the patients whose diseases are here analyzed. I have made these remarks because I believe the cases here recorded as prurigo were hastily so inscribed,

and were in many instances due to the presence of pediculi or other cause, and that a share of them at least were only *pruritus*. There were nine cases—three females, six males—ranging from twenty-five to seventy years of age.

20. *Sycosis*.—*Sycosis* is another term requiring more careful definition. As is well known, it is a pustular disease of the bearded face, attended with the development of nodules, and is an inflammation of the hair-follicles, which in this situation are unusually large and deep, and provided with larger and more abundant sebaceous glands than many other parts. It is classed by Hebra and Neumann with *acne*. It is often the result of a neglected *eczema barbæ*, and is also often but a development of *acne tubercles* in these parts. The parasitic and non-parasitic *sycosis* should be carefully differentiated. The former—due to the presence of the *trichophyton*, and being but a modified *tinea circinata*—has been already considered. There were eight cases recorded as *sycosis* alone, the youngest patient being twenty and the oldest forty years of age. They were all supposed to be non-parasitic; but, microscopic examination being absent, that can not be determined with certainty.

21. *Purpura*.—*Purpura* occurred in seven patients—four females, three males—at ages ranging from thirteen to fifty-eight years. One was a case of *purpura hemorrhagica* and one of the rheumatic variety, known to some as *peliosis rheumatica*, but more properly, I think, *purpura rheumatica*. No connection could be established in the cases which I saw, either with dietary errors or sanitary violations.

I will not enumerate separately each of the remaining varieties of cutaneous disease which presented themselves, as the number of each was very small, and such a course would weary without instructing. I will only mention a few of the more interesting or unusual facts.

Four cases of *epithelioma*—two males, two females—were observed; one of the lip, one of the nose, one of the inner

angle of the orbit and the nose, and one at the junction of the ala of the nose with the cheek on the right side. This latter case, in a woman aged forty, was completely cured by one application of Marsden's mucilage, made of equal parts of arsenious acid and powdered gum acacia, moistened with water into a thick paste. This was spread on a piece of lint and pressed closely on the ulcer (Marsden spreads it on the sore itself), and after about twenty-four hours a poultice was applied till the slough separated and the remaining ulcer healed. The disease has not yet returned after the expiration of six months.

Three cases of *ichthyosis*, one of them of the sebaceous variety, were noted. Of the two of *ichthyosis* proper, one was in a female infant of seven months, the other in a man of thirty-three years.

*Hyperidrosis* was treated in two cases, both affecting the feet; one a male aged sixty, the other a girl of sixteen. The latter was quite promptly checked by the diachylon ointment of the Germans, spread on linen and worn day and night, changing it twice daily. Two weeks served to remove all the tenderness and arrest the excessive secretion. The case occurred recently, and permanent results can not be recorded, but the treatment has been well reported of by others.

Two cases of *pemphigus* occurred in female children, aged three and four years respectively. They were seen but once or twice. The disease was not syphilitic.

The only case of a *nævoid* character was an erectile tumor of the forehead, which was pedunculated, and was removed by a ligature.

One instance of *eruption from bromide of potassium*, administered for epilepsy, was seen in a young man aged seventeen years.

A single case of *rötheln* was recorded in May of last year in a girl aged nine years, just as the epidemic was drawing to a close.

An unusual instance of *scleroderma*, affecting both feet and the back of the right hand of a woman aged forty-five, was watched some time with considerable interest. The disease had been slowly increasing for about a year, from a slight stiffness, until walking became impeded, and going up and down stairs quite a painful exercise, owing to the thickening and hardening of the skin around the ankles. The case improved very considerably under the use of the constant galvanic current, locally and generally, but was lost sight of, and the result not known.

We have thus endeavored to contribute to the statistical inquiry in regard to skin-diseases, and to compare some of the more common affections as they appear among our lower classes with the same in other countries. We shall hope soon to present the same with reference to these affections in the higher walks of life. In our remarks on treatment we have desired simply to call attention to some of the principal measures which have been found serviceable in treating this class of patients. It is to be greatly regretted, while the poor are especially liable to skin-diseases, there is no proper hospital where they may be accommodated and treated by baths and other methods which experience has proved of service, and where the diet and sanitary surroundings would be such as would contribute to their cure.

NEW YORK.

## THREE CASES OF TRACHEOTOMY FOR FOREIGN BODIES.\*

BY DAVID W. YANDELL, M. D.

CASE I.—In January, 1873, Willy, aged nine years, a son of Dr. Rodman, of Seymour, Ind., fell while running through a field, and on rising sucked a cockle-burr into his windpipe. He suffered all the symptoms incident to such an accident, and had the usual course of emetics, etc. At the end of three weeks he was brought to me. His breathing was habitually somewhat difficult, and on exertion became labored. He had a vexatious cough, which, at times paroxysmal, was occasionally most distressing. Auscultation and percussion by my colleague, Prof. Bell, and by Dr. Garvin led them to believe that the foreign body lay in the right bronchus, and on occasion rose and fell again. I opened the trachea at my clinic at the University, but the burr was not expelled. I searched for it with forceps; I stood the patient on his head, and made repeated succussion of the trunk, and thumped him on the back, but all to no purpose. The tracheal opening, however, was a free one, and the breathing became easy. I inserted two silver hooks held together by a screw, as being better than those in ordinary use, removed Willy to his room, where the temperature was kept at 75° and the air made moist by the vapor of water.

The only annoyance the patient experienced for several days arose from the occasional clogging of the opening by an excessively tenacious mucus, which until removed brought back the old dyspnœa. About the fifth day the wound was so inclined to cicatrize that it became difficult to retain the hooks. On the seventh day, as my friend, Prof. Cowling, and

\* An abstract of a paper read before the Kentucky State Medical Society, at Henderson, April 6, 1875.

I were entering the house where my patient was staying, we met him at the door rushing out of it, his face white with fright, his eyes almost starting from their sockets. I can never forget his expression. The hooks had slipped out, and the boy was struggling for air. It was but the work of a moment to catch and place him on a table, enlarge the opening to its original size with a probe, and re-introduce the hooks. The burr was expelled two days after by the mouth during a fit of coughing. The edges of the wound were approximated by plaster, and Willy soon went home to make a speedy recovery.

CASE II.—A few days after I operated on young Rodman a five-year-old girl living in Grayson County, Ky., was carrying a newly-made horseshoe-nail in her mouth, when it slipped into her windpipe. This was on the 15th day of February, 1873. Three weeks after she was sent to me by my friend, Dr. Heston. Auscultation and percussion gave evidence of the presence of the nail in the right bronchus. I cut into the trachea at my clinic the next day. The foreign body was not extruded. Neither inversion of the body, succussion, nor prolonged efforts to seize and remove it by forceps were of any avail. I inserted the hooks as in Case I, and after a short time the patient returned home. A letter recently received from a former pupil, Dr. Z. Carnes, of Hardin Springs, contains the subsequent history of the case.

The hooks were allowed to remain for nearly a month. On being removed the wound quickly healed. The patient now coughed much and spit up great quantities of pus. She could not lie down, but passed her time in a half-sitting posture. She rapidly emaciated, and looked the picture of wretchedness. For three months her death was looked for daily. She then seemed to improve somewhat, the cough and expectoration grew less, and for the next three months the intervals between copious expectoration and cough and of comparative ease were about fourteen days. At these times

severe paroxysms of cough followed by much expectoration would occur, continue for a day or so, grow less, and then measurably cease. It seemed as though an abscess would occupy a couple of weeks in filling, and then discharge itself. The time between these attacks has been gradually lengthening. For twelve months the sputa were mixed with a dark-colored matter resembling anvil-dust, and the child said had the taste of iron. For a year past the sputa have lost this tinge, and are white and thin, resembling buttermilk, and excessively offensive. The breath is also fetid. It has now been six months since the expectoration became suddenly abundant. During the most of 1873 the expectoration was often mixed with blood, and once in that time there was a distinct though small hemoptysis. For eighteen months she had hectic and night-sweats. She now occasionally has slight hectic. Pain was never a prominent symptom in her case, and for months past there has been none. She can now lie in any position, but coughs most when on her back. She eats well, has regained her flesh, and is cheerful.

On inspection, both elevation and expansion of the right side of the chest are much diminished, and the entire side is shrunken. Percussion gives diminished resonance in supra-clavicular space, and this grows more marked as you descend, until in the mammary region there is positive flatness. Auscultation reveals puerile breathing in the extreme summit of the lung, both in front and behind. Where the flatness on percussion begins there are all the signs of a considerable cavity. No air appears to enter the lung below this point. Respiratory sounds in the healthy lung are exaggerated.

CASE III.—A lad, aged fourteen, living near Louisville, in attempting to remove by his lips a cockle-burr which had fastened on his glove, had the misfortune to have it pass into his windpipe. He had the usual distressing symptoms. Three days after he was sent to me by my friend, Dr. Shaller. Auscultation seemed to establish that the burr occupied the



right bronchus, and the patient stated that he had felt it move up and down. I performed tracheotomy, making the opening a little over the usual size, in presence of the class at the University of Louisville, with the effect of relieving the breathing, but without securing the expulsion of the burr. Forceps were freely used, the patient's head put on the floor and his feet held in the air, succussion of the trunk, thumping the back, but all without avail; the burr remained. The hooks were inserted into the wound, and the lad was removed to the house of a relative in the city. For three days he had no unpleasant symptoms. The instrument now began to clog with a viscid mucus, and on more than one occasion the boy jerked it out, bringing on in every instance a suffocative fit, which came near ending fatally before the hooks could be replaced. To guard against a repetition of this danger my friend, Dr. Roberts, remained with the patient the fifth night after the operation; and, taking care to keep the opening free from mucus, the patient had a comfortable rest without obstruction to his breathing. The next morning he awoke cheerful, wrote on a slate about matters of business, etc., and agreed that he would not again attempt to remove the instrument. Dr. Roberts left him. In less than an hour word came that the boy was dead. It seems that almost immediately after Dr. R. quit the house a violent fit of coughing came on, during which the patient forgot his good resolutions, and in spite of his nurses pulled the instrument out of his trachea, and before it could be re-introduced the poor fellow perished from suffocation. After death the burr was found lying immediately above the upper margin of the original incision, where it had doubtless been driven during the last paroxysm of coughing.

LOUISVILLE.

## Reviews.

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### **Vagino-cervioplasty in lieu of Amputation of the Cervix Uteri in certain forms of Intra-vaginal Elongation.**

By MONTROSE A. PALLER, A. M., M. D., Lecturer on the Surgical Diseases of Women in the Medical Department of the University of New York. Read by invitation of the New York Obstetrical Society. Reprinted from Journal of Obstetrics.

A paper coming thus doubly indorsed, even if it did not bear the name of its eminent author, is entitled to thorough consideration. It is probably one of the ablest of Dr. Pallen's contributions to professional literature, and in some respects fairly presents his peculiar talents, though it does not do him justice as to his literary culture and ability to write plain and simple English. The operation he describes is doubtless original, is certainly quite ingenious in its conception, and its successful performance indicates no mean skill.

The term *vagino-cervioplasty* is an unfortunate one, a verbal hybrid of Latin and Greek, having little to recommend it for professional adoption. In reading the paper we find that the certain forms of intra-vaginal elongation on the title-page really become a single form in the description and in the record of cases.

We have previously alluded to the literary character of this production, and before entering upon its scientific teaching one or two remarks will be made upon this. The more obvious faults are the coining of words and the occasional erroneous use of well-known words. "A shover of the queer" is the expression used among counterfeiters for those who put

in circulation counterfeit money; and when a writer gives us new words, until we get familiar with them by their use, he seems to us a shover of the queer in language. Pubertic, post-pubertic, ballooning, and sustentative are among Dr. Pallen's contributions to the English language. He speaks of certain so-called malformations of the sexual organs as "heterodox formations." Surely it would puzzle the most skillful theologian to ascertain any relation, for example, between a normal uterus and orthodoxy, or a double vagina and heterodoxy. One might as well speak of an orthodox ox or a heterodox horse.

Generally a plain truth can be expressed in plain words; but what is meant by the assertion that "excessive developmental impulse . . . determines an increase of one or more of the factors of copulation, generation, or parturition"? Why not plainly say vagina, ovaries, or uterus, instead of factors of functions? Again: "The interconnections of the vagina, bladder, rectum, uterus, oviducts, and ovaries indicate certain relations that are not to be transgressed without inducing portentous troubles, as represented by dyspareunia, dysmenorrhœa, dystocia, or sterility." The transgression of relations is at least doubtful, and the troubles mentioned are big enough without being made portentous.

We are told of "pathogenetic causes," when diseases would express the truth as well; of "congenital or teratological abnormalities," which is simply heaping Ossa on Pelion.

Dr. Pallen presents clearly and succinctly the embryonic development of the vagina, and the normal relations between that organ and the uterus; and calls attention to the fact that in some instances the attachment of the former to the latter takes place higher up, in others lower down, than should be. So far he repeats that which other observers have fully noticed; Dr. Sims in his *Uterine Surgery*, for example, and Courty in his work on diseases of females. The latter—pages 89 and 90, last edition—devotes some space to the

anomalies of dimensions of the vagina; and gives an engraving of a case, which is quoted by Dr. Pallen, where the posterior vaginal wall was attached to the body of the uterus.

Dr. Pallen, in referring to the dangers of amputation with the *écraseur* in cases of hypertrophic elongation of the cervix, asserts that in all cases of such elongation the peritoneum is dragged down with the cervix. This is true so far as cases of Huguier's supra-vaginal hypertrophy is concerned, but not necessarily so of intra-vaginal hypertrophy; indeed one of the diagnostic marks of the latter condition, as pointed out by Huguier himself, distinguishing it from uterine prolapse, is that the vagina preserves its normal height. So too the conoid amputation of the cervix was devised by him for the former hypertrophy, and has no pertinence where introduced by Dr. Pallen in reference to intra-vaginal elongation of the cervix.

Vagino-cervioplasty, in the words of Dr. Pallen, is applicable to those cases where the longitudinal diameter of the utero-cervical cavity does not exceed three inches, but where the intra-vaginal portion of the cervix is so long as to interfere with either locomotion, sitting, coition, menstruation, or conception. The object of the operation is to lessen the part of the neck in the vagina, and in it the first step is to denude nearly the whole of the vaginal portion of its mucous covering. In the rules given for this denudation there is an apparent contradiction on contiguous pages. Thus on page 5 we are told that the dissection should not be so high posteriorly as anteriorly; and in a few sentences further on we are taught that the dissection commences three lines from the end of the cervix anteriorly, posteriorly a little less than two lines; and in front this dissection is carried up about an inch, behind more than an inch. Now it is evident that if these latter rules are followed, the first is violated. The next step is making "separating incisions three to eight lines in depth" in the submucous tissue, and thus flaps are formed; then

these flaps are united by silver sutures, four behind and three in front, and the operation is completed.

We have no hesitation in repeating that the operation is ingenious, and that the results Dr. Pallen has obtained are remarkable. We do not understand that any portion of the vagina is divided, save its mucous membrane and some of its submucous tissue just at the attachment of this organ to the uterus, but the uterus slides up, is pushed, gets up some way, and stays up; a sort of transplantation of the vagina effected, and a normal implantation given it in lieu of that abnormal attachment, which was congenital. In one of Dr. Pallen's cases the os, which protruded at the vulva, is by this brilliant operation made to recede two inches therefrom, and remain. In another, where the os protruded half an inch from the vulva, and in certain positions \* irritated the clitoris, and by this "mechanical attrition" produced "the most deplorable consequences," the result of the operation was equally satisfactory. That the muscular coat of the superior portion of the vagina, a part of this coat proceeding from the uterus itself, can instantly be stretched so as to permit this immediate upward sliding of the cervix for an inch, and then, speaking after the manner of the writer, there be sustentative power in the stitched mucous membrane to hold up a pubertic uterus one, two, or three inches above the place it has occupied for a score of years it may be, are certainly truths which are not of *a priori* discovery, but could only be established by actual experiment.

Whether others will be so convinced of the safety, certainty, and utility of the operation by Dr. Pallen's remarkable successes as to repeat it remains to be seen. T. P.

\*The position of the body of the uterus when its errant cervix was indulging in paroxysmal mechanical attrition is not explained; but let any one attempt a diagram of this extraordinary condition, and, commencing his drawing with the cervix in contact with the clitoris, he will be almost as much at a loss to locate the rest of the organs as St. Paul was in one of his visions to decide his relations to his own body.

**Histology and Histo-chemistry of Man.** By HEINRICH FREY, Professor of Medicine in Zurich. New York: D. Appleton & Co. 1875.

This work is German in all its features, and could have been produced nowhere else but in Germany. It is minute, painstaking, laborious to the last degree. Any one curious about the elements of composition and structure of the human body will find in it a mine of knowledge, to which he may devote himself with unceasing interest. We hope there are in our country many students who will master its varied and curious details. The publishers have issued it in the best style of their art. It is elaborately illustrated.

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**On Functional Derangements of the Liver.** By CHARLES MURCHISON, M.D., LL.D., F. R. S., Fellow of the Royal College of Physicians, etc. New York: Wm. Wood & Co. 1875.

For many years no organ of the human body was so much studied in its relations to disease as the liver, but for a long time past it has been comparatively neglected. From having been looked to in nearly all chronic diseases as bearing an important part in the case, it came to be almost entirely ignored. We are glad that Dr. Murchison has recalled the attention of physicians to those functional disorders of which the liver was once believed to be so often the seat. This admirable volume, the work of a practitioner who has brought to the investigation of his subject all the light of modern physiological science, will exert a decided influence on the minds of medical men, and awaken renewed interest in the complaints of which it treats. It consists of the "Croonian Lectures," delivered, in 1874, at the Royal College of Physicians, and is introduced by a very satisfactory account of the functions of the liver in health.

The great size of the liver attracted the attention of the

earliest anatomists and physiologists, who naturally argued that an organ of such magnitude must be a controlling one in the animal economy. In fact the liver was regarded by the ancients as the central organ of vegetative life; Galen claiming for it the office of sanguification and the generation of animal heat, as well as that of forming bile; and this was the accepted theory for more than sixteen centuries. The great Harvey himself in the main upheld the views of Galen; but when it came to be known that the chyle was conveyed at once to the blood independently of the *vena portæ* the liver fell from its high estate. Bartholin wrote its epitaph in Latin, announcing that its sole function was the secretion of bile—"vivit, floret que pro bile separanda." In this, however, the modern was not so near the truth as the old physiologist, for the formation of bile seems to be the least important of all the offices of the liver. As Galen conjectured, it is intimately concerned in the process of sanguification. The blood is depurated by its action. The nitrogenous compounds which reach it in the circulation are reduced to more simple combinations, and in the form of urea or lithic acid are eliminated from the blood by the kidneys. Another of its functions is the formation of liver-sugar, otherwise styled glycogen, which it has the power of developing out of albuminous as well as amylaceous articles of food. Glycogen by oxidation becomes a main source of heat in the animal system, and also takes part in cell-growth and in muscular motion. The great activity of children seems to be connected with the oxidation of sugar, for which they are well known to have a peculiar craving. When the sugar taken in as food or generated by the liver fails to be duly oxidized it appears in the urine, as albuminous matters escape when not reduced to the state of urea or lithic acid, and glycosuria or albuminuria results.

The oxidizing process of the liver, by which albuminous substances are disintegrated, is necessarily attended with the



evolution of heat, and consequently we find the temperature of the liver higher than that of other internal parts by from four to six degrees. And so Galen was right on this point, though what he expressed can only be regarded in the light of a conjecture.

The secretion of bile is the most obvious function of the liver, but it hardly reaches the dignity of the other two. Animals bear its suspension better than the failure of those metamorphoses by which the kidneys are protected; in other words, they live longer with bile than urea in the blood. A very small part of the bile secreted escapes as excrementitious. All but a few grains is absorbed and returns to the circulation. That which descends the alimentary tube acts as an antiseptic, retarding putrefactive changes and stimulating peristaltic action. Flatulence is one of the symptoms indicating its deficiency in the alimentary mass. Constipation is another well-known result.

After the sketch of the functions of the liver given by Dr. Murchison, of which we have here attempted the merest outline, his readers are prepared to recognize their derangements, among which he mentions obesity, emaciation, gout, lithæmia, and urinary and biliary calculi. How these disorders are brought about by derangement of the liver is easily seen by reference to its physiological action.

The most frequent of them is lithæmia, in which there is imperfect disintegration of the albuminous elements of food. Lithic acid is formed as a consequence instead of urea. The symptoms attending it are those usually styled bilious. Acidity, flatulence, heartburn, weight and fullness about the epigastrium, vertigo, headache, furred tongue, drowsiness after meals, palpitation of the heart, constipation, and irregularity of pulse are the most striking. Other and more serious disorders follow, as degeneration of the kidney, structural disease of the liver, and degeneration of the tissues throughout the body.

Among the primary causes of functional disorder of the liver our author mentions errors in diet, especially alcohol, and deficient supply of oxygen, the result of inaction. The remedy in these cases is preventive; diet and exercise are the main elements of treatment. In all former years cholagogues were deemed essential in these disorders, and calomel and blue-pill were in almost universal use. The practical physician gave a dose of one of them, and finding his patient improved by the bilious passages that followed concluded that his mercurial had stimulated the liver to increased activity, and that the improvement in his patient's condition was due to this cause. But the physiologist "ties the common bile-duct in one of the lower animals, produces a fistulous opening into the gall-bladder, and then finds that calomel has no effect on, if it do not diminish, the amount of bile that drains away through the fistula." Kolliker and Müller first and then Scott and Mosler found it so, and John Hughes Bennett and Röhrig confirmed the observation. Röhrig indeed remarked an increase of biliary secretion after "large doses of calomel," but it was less than followed a dose of croton-oil, jalap, colocynth, or sulphate of magnesia.

Admitting that the action of mercury is the same upon dogs and men in health, it does not follow that in disease there may not be some condition adverse to the secretion of bile which the medicine may have the power of removing; and besides, by sweeping on the bile from the duodenum calomel undoubtedly prevents its re-absorption, and thus by lessening the amount circulating in the portal blood "it is after all a true cholagogue, relieving a loaded liver far more effectually than if it acted merely by stimulating the liver to increased secretion." But to submit the question to the test of experience Dr. Murchison continues: "Patients of the greatest intelligence suffering from hepatic disorders constantly declare that they derive benefit from occasional or repeated doses of mercurials which no other medicine or

treatment confers; and the skepticism of the most doubting physician would, I believe, be removed should he unfortunately find it necessary to test the truth of their statements in his own person. It is not impossible that the good effects of mercury on the liver and in some forms of inflammation may be due to its property of promoting disintegration. The remarkable effect of mercury on constitutional syphilis probably admits of a similar explanation. But in whatever way it is to be explained, the clinical proofs of the efficacy of mercury in certain derangements of the liver are to my mind overwhelming. I say so the more advisedly, because I was taught to regard mercury as a remedy worse than useless not only in hepatic diseases, but in syphilis. It can not therefore be said that the convictions forced upon me by experience are the result of preconceived opinions."

The testimony of such a practitioner as Dr. Murchison to the value of mercury as a remedy comes in most opportunely at this time, when there are those high in the profession who would expunge it from the pharmacopœia. Altogether this little volume is one which we can heartily recommend to our readers as interesting and instructive in no ordinary degree. Every where it bears the impress of a master-mind thoroughly versed in medical science.

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**Lectures on Diseases of the Respiratory Organs, Heart, and Kidneys.** By ALFRED L. LOOMIS, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, Consulting Physician to the Charity Hospital, etc. New York: William Wood & Co. 1875.

These lectures, we learn by the preface, were delivered to the students in the University of the City of New York last year, and are published, with slight alterations, as delivered

by the author. To this circumstance is due a freshness and vividness in the matter and style of the lectures which the author would probably not have attained if he had gone about writing a systematic treatise on the subject. At the same time they are thorough in their treatment of every practical point, and afford a trustworthy guide to the practitioner in reference to this most important class of diseases. Occurring as these do every day in the practice of nearly every physician, it is very desirable to have frequent successions of works concerning them, bringing up our information to the latest period. In the one before us the reader may look confidently for the last words on the subject, and may rest assured that what the author has here committed to the press is the result of much learning, sound judgment, and thorough experience. The style is at the same time concise and spirited, and the practical instructions all that the student or practitioner could desire. A full index adds value to the work, which we feel confident will take rank with the very best on the subject in our language, having this advantage that it is the latest.

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**Cyclopedia of Practical Medicine.** Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine in Munich. Vol. II. New York: William Wood & Co. 1875.

This second volume of Ziemssen's *Cyclopedia*, like the first, is a work of most imposing appearance, carefully and elegantly translated into English, and issued under the auspices of Albert H. Buck, M. D., the American editor, in the best style of its enterprising publishers. It treats of acute infectious diseases, and each treatise indicates learning, industry, and great care on the part of its author. Our favorable impressions of the work previously expressed are fully sustained by the second volume; for while the articles vary

in merit, and most of them contain views as to practice from which we should dissent, we have no hesitation in saying that it promises to make a most valuable contribution to our medical literature. It will form in fact a medical library in itself, to which the inquirer may resort for information on any subject relating to practical medicine. The writers of this volume are Thomas, Curschmann, Zuelzer, Hertz, and Ziemssen. We are interested in the biographical sketches which are given of the authors, and have been surprised to find them so young. Thus of the contributors to this volume Thomas and Zuelzer are under forty, Curschmann is under thirty, and Hertz is only a little over forty years of age. Ziemssen, the intrepid editor, was born in 1829, and is therefore still a young man; but with their large clinical experience, derived from the great hospitals with which they are connected, they have ampler materials for writing about disease than most practitioners would accumulate in a long life-time. We shall look with interest for the appearance of each successive volume of this great work.

## Clinic of the Month.

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THORACENTESIS IN PNEUMO-THORAX.—The third lecture in the series of Clinical Lectures, edited by Dr. Seguin, is by Prof. Flint, and is entitled pneumo-thorax. As there can be no higher authority in all that relates to lung-trouble than the distinguished professor at Bellevue, we quote his remarks on thoracentesis: "If the pleural cavity become filled after pneumo-thorax has been known to exist, I would not resort to aspiration so long as the quantity of liquid was not large enough to occasion suffering from dyspnœa; that is, assuming that the liquid is not pus, and this is readily ascertained by exploring with the hypodermic syringe; but if there be sufficient dilatation of the chest to occasion dyspnœa, I would withdraw a certain quantity of the liquid, enough to relieve dyspnœa, leaving sufficient to secure the possible advantage of compression; and the withdrawal of liquid within this limit may be repeated *pro re natâ*."

Prof. Flint gives it as his opinion that the liquid should be withdrawn from the chest always by means of either a canula or catheter. "Puncturing the chest to give exit either to air or air and liquid whenever the suffering from dyspnœa, due to dilatation, is great, is undoubtedly judicious as a merely palliative measure. This I have done repeatedly. But the inquiry has arisen in my mind whether it may not be possible in some rare cases to accomplish something beyond a temporary relief by making a free opening into the chest, as in cases of pneumo-thorax incident to empyema. Let us suppose a case of pneumo-thorax from the bursting of a tuberculous cavity, the amount of phthisis small, the disease

non-progressive, and all the circumstances favorable for arrest and recovery, aside from the perforation of lung. There are such cases, albeit they are infrequent. May we not hope that by a free incision the cure of pneumo-thorax is possible in these cases? The answer to this question must be based on clinical facts which are yet to be acquired. Meanwhile I can see no objection to making trial of this measure. Pneumo-thorax occurring as a complication of phthisis is almost hopeless. In the majority of cases this complication destroys life within a short period. We may say that the prognosis involves only a question of tolerance. It is probable that a free opening into the chest will not shorten the duration of life, and it certainly affords great relief. It is therefore warrantable."

THE PREVENTION AND EARLY TREATMENT OF PULMONARY PHTHISIS.—Dr. E. D. Hudson recently read a paper before the New York Academy of Medicine on this subject, which concludes as follows:

"1. Dyscrasia, or predisposition, is largely accumulative, and is the result of the predisposing influences mentioned, which sanitary regulations may to a great extent remove.

"2. Inflammatory attacks are the chief exciting causes of pulmonary phthisis, whether in systems previously healthy or otherwise, and may be largely averted by selection of a proper climate to live in and avoiding exposures, or at least they may be rendered comparatively trivial in their effects.

"These conclusions lead us, while studying the subject of treatment, to the consideration of diet, clothing, exercise, ventilation, purity of water-supply, management of children so that they shall be the least liable to catarrhal sequelæ; proper method for maintaining a perfect circulation, normal temperature, cleanliness of the skin, etc.

"Injudicious and too-frequent bathing is injurious, and therefore should be avoided.



"Early arrest of the disease should be attempted, whether it manifests itself simply as a local lesion or is complicated by dyscrasia. The outline of treatment, with this end in view, is embraced under three heads: 1. Food, which should be nourishing and easily assimilated; 2. Chest-expansion, which is the best means of fortifying against the occurrence of inflammatory diseases, and at the same time secures functional activity of the lungs; 3. Climate.

"Cod-liver oil was regarded as an agent of nutrition, and many times can be made more useful by the addition of phosphates, iodine, etc., which increase the general nutrition of the blood. Ammonia and quinine were mentioned as drugs to be employed: ammonia because it is a diffusible stimulant, and favors the removal of mucus; quinine because it has the power to diminish the temperature and prevent degenerative changes in the tissues."

ACTUAL CAUTERY.—Dr. Bounafort, of Belgium, has devised the following for application to the neck of the womb: nitrate of potash, one part; wood-charcoal, twenty-eight parts; powd. gum arabic, four parts; water, q. s. Mix thoroughly and mold into sticks the size of the little finger and from half to three quarters of an inch long. When dry set fire to one end of the little stick and carry it through a glass or wooden speculum to the exact spot. With proper care, the patient is unaware of what has been done. Cold water is then thrown in, a tampon dipped in glycerine is left *in situ* for a month, when, if necessary, the cauterization can be repeated.

BRAND'S METHOD.—The editor of *L'Abeille Médicale* very justly remarks, in reference to the treatment of fever by cold immersion, that in order to compare it with ordinary treatment very many more cases must be collected and more time must elapse. The actual results so far are not so favorable as to justify the general adoption of the treatment.

MASSAGE IN SPRAINS.—M. Fontaine writes (*Archives Méd. Belge*) on the use of massage in sprains. He has himself had great success. M. Fontaine first covers the limb with oil, and the part is rubbed with one or both thumbs, in gentle movements, from the extremities upward, following, in general, the direction of the muscles and tendons. The affected, painful spot is rubbed gently, but the healthy neighboring parts more energetically, and the muscles at times thoroughly kneaded. This manipulation lasts from a quarter to half an hour, and is repeated three times daily. In the interval the limb is raised and bandaged.

HYDROCELE.—Infantile hydrocele is not very uncommon, and it is well worth knowing that it usually disappears spontaneously. M. Marjolin, in a communication read before the *Société de Chirurgie*, dwells strongly on this point, and has further fortified his conclusion by the parallel experience of MM. Dupuytren, Janson, and Blandin. (*Le Courier Médical.*)

VACCINATION IN ROME.—In January last the Provincial Sanitary Council of Rome, finding that animal vaccination in Rome and in the entire province was unsuccessful, unanimously urged the minister of the interior to nominate one of its members as the provisional conservator of vaccine for the commune of Rome. The minister has given notice to the prefect of Rome that in the official vaccinations in the province animal lymph is to be abandoned, and humanized lymph used, as was formerly done. (*The Medical Record.*)

CARBOLIC ACID AS AN ANTHELMINTIC.—In a case of *tænia* this acid was given at first in doses of six grains four times a day; but this proving ineffectual, two grains were ordered every hour, with the result of expelling the worm, head and body, on the third day. This acid has been recommended and employed successfully by Decal, Lemaire, and others, in

the form of clysters, for the relief of ascarides; but this is, we believe, the first instance of its use in this field. (*Allg. Wien. Med. Zeit.*)

**TREATMENT OF HOOPING-COUGH.**—Wild claims that he can cure every case of whooping-cough within eight days by the following treatment: the patient is not to leave his room, and at every access of coughing is to place before his mouth a small piece of cloth folded several times and wet with a teaspoonful of the following solution: ether, sixty parts; chloroform, thirty parts; turpentine, one part. (*The Clinic.*)

**CYANIDES IN RHEUMATISM.**—M. Luton, of Rheims (*Bull. Gén. de Thérap.*), extols the cyanides in acute articular rheumatism. He has used zinc and potassium cyanides. The first is a white, inodorous, tasteless powder, insoluble in water, but probably soluble by the gastric juice. He administers one grain and a half daily, either in pill or suspended by mucilage. The cyanide of potassium is administered in maximum doses of from one and a half to two and a quarter grains, preferably in silvered pills on account of its disagreeable flavor. M. Luton reports many cases, and says it is certain that cyanides cure acute articular rheumatism in its fundamental form and its diverse transformations. They cure it by shortening the duration of the disease in a marked manner, and by diminishing the risks of complications. (*The Doctor.*)

**CEREBRO-SPINAL MENINGITIS.**—Dr. Hirsch (*Transactions of the Berlin Medical Society*) says this disease should be ranked with diphtheria and similar infectious diseases, where a definite poison takes effect chiefly on one part of the system. It is not like typhus or malaria after a period of malaise, or without it; shivering followed by hot fit and severe headache mark the invasion. There is often a feeling

of dragging and stretching of the neck, usually vomiting, with delirium and somnolence. There is frequently tetanic stiff-neck, generalized hyperæsthesia, and convulsions, but less frequently paralysis. There is constipation, sleeplessness, and occasionally exanthematous skin-eruptions. Recovery is gradual and slow, and no proper crisis occurs. When death ensues there is coma, quick thready pulse, and collapse. Ice to the head, opiates, and local but moderate bleeding are recommended. (*Ibid.*)

**VARICOSE VEINS.**—Mr. Marshall (London Lancet), instead of obliterating the vein by one of the usual methods, removes several inches of it altogether. Annandale, of Edinburgh, has also performed the operation with equal success. (*Ibid.*)

**BRYANT'S LINE.**—A man, seventy years of age, had fallen down and sustained some injury about the upper part of the thigh near the hip-joint. He was unable to walk. There was some shortening of the right lower extremity and great impairment of movement. The actual nature of the disease was not apparent, but it was probable that there was fracture at the neck of the femur. To ascertain definitely what was the seat of the shortening Mr. Bryant adopted the following device: the measurements from the tip of the trochanter major to the lower border of the patella were first taken, and found to be equal on both sides. The question therefore was whether the shortening was at the neck of the femur. For this purpose, the patient being in bed, a vertical line was drawn from the tip of the anterior superior iliac spine on the outside of the hip to the horizontal plane of the body, then a second line from the tip of the trochanter major was drawn at right angles to this vertical line. The length of the second line was then measured and found to be three quarters of an inch shorter on the injured side than a similar line on the opposite side of the body. By this means it

was incontestably shown that the shortening of the limb was entirely in the neck of the bone. Mr. Bryant has employed this mode of determining shortening of the neck of the femur for some time past, and has found it of great utility. "Bryant's line" will henceforth be as important in determining shortening at the neck of the femur as "Nélaton's line" is in the diagnosis of dislocation of the head of the bone. (*Ibid.*)

EXCISION OF THE TONSILS.—A writer in the *Reveu de Thérapeutique Medico-Chirurgicale* for March 15th, in a note upon amygdalotomy suggested by a new guillotine, states that the operation is sometimes attended with fatal hemorrhage; but that it is never necessary to remove the whole or even the greater part of a tonsil, the cicatrization following on removal of the superficial parts alone sufficing to reduce its size; nor is it essential to operate on more than one of these organs. Strong preference is given to the employment of the guillotine over the bistoury, because of the inutility of removal of large portions and the less liability to accidents.

In support of the necessity of operating speedily in certain cases a melancholy instance is given from the practice of the writer, in which the patient, a girl of sixteen years, suffering from angina with great enlargement of tonsils, literally died from asphyxia from excision being deferred at the instance of a colleague, who thought hemorrhage would be very severe, and that the case would speedily get well if left alone.

We also find in a recent number of the *Gazette Obstetricale* some observations upon this subject by Saint-Germain and by Verrier. The former remarks that removal of the tonsils should not be done if avoidable. Even though much enlarged, surgical intervention is not always necessary; astringent gargles, cauterizations with nitrate of silver, tincture of iodine to the anterior part of the neck may be sufficient. Especially should removal not be made if the tonsils are inflamed.

Verrier refers to Harvey having thought there was some

relation between the condition of the tonsils in children from twelve to sixteen years and the development of the sexual organs; remarks that deafness has sometimes followed ablation of the tonsils, and that a useless operation is always a dangerous one; criticising the frequency of amygdalotomy, the public is so familiar with it that children are taken to the surgeon to have the tonsils removed as indifferently as to a hair-dresser to have their hair cut. But if upon examination the tonsil is found bilobed, and if it falls upon the pharynx, the operation is advisable. In operating use a tonsillotome with a large lunette; introduce a piece of soft wood between the molars of the opposite side to that on which the operation is to be done; one or two assistants will be necessary; chloroform should not be used; the child's arms and legs being held immobile, a finger passed over the tongue guides the instrument, and pressure with the finger upon the tongue causes the tonsil to project; avoid all hurry, but proceed slowly and gently in the operation. It is not necessary to remove both tonsils; take away one and cure the other. After the operation use astringent gargles.

The most serious of the accidents following the operation is hemorrhage. Laying aside injury of the internal carotid, this accident is from the large venous plexus which encircles the gland. Ice-cold and acidulated gargles, the ice-collar, ice held directly upon the bleeding surface, the water of Rabel, and the actual cautery have been successfully used. Vomiting of blood may occur five or six hours after the operation. It is not a matter of any anxiety, and the physician has only to relieve the minds of the parents. Consecutive fever is seldom seen. Wounds of the half-arches of the tongue or of the lips are accidents ordinarily of no consequence.

## Notes and Queries.

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**GALENISM.**—The following address, by Dr. Theophilus Parvin, was delivered before the graduating class of the College of Physicians and Surgeons of Indiana, Tuesday, March 2, 1875:

*"Gentlemen of the Graduating Class:* It is at once my duty and privilege to congratulate you upon your recent honors. The first-born of this medical school, you are the heralds of those who in successive years shall stand where you now stand, and depart as you will soon depart to exercise the noblest of secular avocations. You are to be the first living epistles, known and read of all men, asserting the fidelity of your instructors and the fitness of the College of Physicians and Surgeons of Indiana to take high rank among the medical institutions of the country. Socrates taught his disciples that they should not so much desire to be known for being philosophers as to honor philosophy by living virtuous lives; and let your chief honor be not that you are physicians, but that your professional lives shall bring new glory unto medicine.

"And now in this final hour, amid all the glad emotions of success, of hope, of ambition incident to the occasion, before these witnesses attesting their deep concern in your entrance upon professional life, in this temple of the living God, what farewell words shall be uttered, what final counsels are most suitable, and how can I contribute in some slight degree to your future usefulness, happiness, and honor? The usual topics for such occasions—the trials, responsibilities, rewards, and general conduct of professional life; its temptations, its progress, its philanthropic character, its true glory, etc.—are indeed very old and familiar; they have been presented again and again with all the graces of rhetoric and all the powers of eloquence. Old and familiar though they are, they can never be trite and forever cast aside. In this regard history repeats itself; they recur as the seasons recur; they come as like



periods of life in individuals of successive generations. The tale of love is an old one—old as Eden—but immortal as the race. It was uttered before the Red Sea swallowed up the Egyptian host; uttered before the Roman eagles swept over Judea; uttered beside the plashing of Galilean wave, or amid the dark recesses and beneath the rustling leaves of olive-groves. This mighty passion burned in Leander's bosom unquenched by the Hellespont; it glowed in Petrarch's verse, and until the end of time some beautiful Genevieve will be learning

‘All thoughts, all passions, all delights,  
Whatever stirs this mortal frame,  
All are but ministers of love,  
And feed his sacred flame.’

The love of parent for child is the same now as when the old patriarch wept over the bloody coat of his beloved son, or when Israel's monarch bewailed the dead Absalom, or when the widow of Nain followed the corpse of her only child to the burial-place, or when another mother climbed the Alpine cliff, so steep that hardy mountaineers dared not, to rescue her babe from the eagle's nest. Valor and patriotism, these are old, these are new; Leonidas and his companions at Thermopylæ; Horatius

—‘facing fearful odds  
For the ashes of his fathers  
And for the temples of his gods;’

Arnold Winkelried gathering into his bosom a sheaf of Austrian spears, and thus making way for liberty—are historic figures representing sentiments that never die. The sweet lullaby that hushed many an infant to its rest to-night was sung, and the simple prayer that in many a Christian nursery floated from child-lips heavenward was uttered long years before the land was girdled with railroads, or ocean surface plowed with steam and its depths made the whispering-galleries of the nations. Spring is coming—is coming with the breath of the warm south wind, with verdant fields, bursting bud, unfolding leaf, with blooming flowers and the sweet carolings of birds—but she has no treasure differing from those she brought in the years gone by, or will bring in the years to come. And if to-night I utter a tale much more than thrice told—repeat that which was said long before we were born, and will be said long after we are buried—it is because like occasion

invites like thought, and the work of the physician is the same from age to age.

"The late Sir James Simpson, in an address at the University of Edinburgh many years ago, stated that it was the custom in some ancient continental universities to present the graduate on the day he received his doctorship with a ring, a barette, an open and a sealed book. The study of these symbols will give us an ideal of the medical character, a picture of the medical life.

"The ring represented the marriage of the physician to medicine. Here is thy bride to have and to hold, for richer for poorer, for better for worse, to love and to cherish until death do you part; a bride whose beauty and grace will more and more unfold with each passing year, and hold a loyal heart in willing bonds. Coleridge once playfully remarked of Southey, whose devotion to books was constant, that his library was his wife. Now it is not suggested that celibacy is the normal condition of a doctor, and that he should have no other wife than his profession. That would be an exceedingly ungracious utterance to those of you who are already in the paradise of matrimony, as well as to the rest, who doubtless intend entering therein at the earliest opportunity; ungracious too in the presence of so many of the gentler sex, among whom there may be some fancy-free maiden who has wisely decided that a medical gentleman would be the most desirable of life-partners. So far from holding to such heretical creed, I believe the doctor, like the bishop, should be the husband of one wife. Indeed I know of many instances where his professional happiness and usefulness were largely the results of a wife's intelligent and loving help. A most interesting volume might be written upon doctors' wives, showing how they had contributed not only to these ends, but also materially assisted their husbands in professional and scientific investigation. A few years since a talented physician and medical teacher of Columbus, Ohio, published a book of original study. This book was enriched by skillful engravings that were the admiration of scientific men at home and abroad. Now these engravings were his wife's work. Her artist-eye and cunning hand, stimulated by wifely love, accomplished that which professional engravers shrunk from attempting.

"However, married or single, the physician must constantly remember that medicine is his great work in life. No other occupation can be permitted to come in conflict with it; and that if,

Atalanta-like, he turn aside to pick up a golden apple, he may miss the goal. To work, to work with all our might, is one of the great laws of our existence; and it is a sad thing if a man does not love his chosen or allotted labor with his whole soul. Now medicine is worthy the purest love and noblest consecration. More than four centuries before the Christian era—about the time indeed that the divine old man of Cos was laying the foundation of medical science—one of the greatest of Greek poets makes the baffling of disease an evidence of man's extraordinary power. In the *Antigone* of Sophocles the following passage occurs: 'Many are the mighty things, and naught is more mighty than man. He even sails beyond the seas when whitened into foam with the wintry south wind's blast, passing amid the billows that roar around; and the supreme of divinities immortal, undecaying earth, he furrows, his plows circling from year to year, turning up her soil with the offspring of the steed. Ensnaring the swift-winged birds, he bears them away as his prey; and the tribes of the monsters of the wild, and the marine race of the deep in the inwoven meshes of his nets, he, all-inventive man; and he masters by devices the tenant of the fields, the forest beast, and he will bring under the dominion of the neck-encircling yoke the shaggy-maned horse and the untamable mountain bull. And he hath taught himself language and lofty wisdom, and the customs of civic law, and to avoid the cold and stormy arrows of uncomfortable frosts. . . . Only this he can not do, find escape from the grave; but he has devised remedies to baffle disease.' Another heathen writer spoke of the physician as 'the hand of God;' and when the Word was made flesh and dwelt among men one of the frequent manifestations of infinite love and power was in healing the sick. Surely we may claim for medicine a celestial origin, a divine lineage, and she is worthy any man's espousal. Take this divinity as yours, accept this bride; for in her right hand she offers virtue and truth, and in her left hand philanthropy and gratitude, while to some few—very few indeed—she grants honor and riches.

"It is hardly necessary to insist on these latter points, nor shall I do it other than to introduce as to one of them a noble passage from Sydenham, who seems to stand out among British physicians, as we look back upon him through two centuries, very much as Edmund Spenser among early British poets, each surrounded with deathless glory. It will show that Sydenham had little honor in

his life-time, and that he did not regard it as of much value. The great physician has been thanking a professional brother who has written him in approbation of his works, and states that he has seldom received any thing of this nature, and then adds in golden words: 'Yet, notwithstanding I endeavor all I can, and will do so, to learn and promote the curing of disease, and to instruct those that are less conversant in practice than myself, if any such there are, let other people think of me as they please. For, having nicely weighed whether it is better to be beneficial to men or to be praised by them, I find the first preponderates and much conduces to the tranquillity of the mind; but as for fame and popular applause, they are lighter than a feather or a bubble, and more vain than the shadow of a dream.'

"A barette was also given the graduate, signifying that he was now a priest, and called to the exercise of priestly functions. You need not be reminded that in former times—among the Jews, the pagans, and the Christians—the sacerdotal and medical offices were frequently united, the priest being the physician; and while in all civilized countries this union has terminated, yet there are striking analogies between medical and priestly functions, and intimate relations between medicine and religion. The priest was the interpreter of the law, the minister of comfort to the sorrowing, and made sacrifice for the sinning. The physician too is the interpreter of law, law as divinely instituted as any written upon tables of stone or uttered by prophet-lips when touched with hallowed fire; and he too ministers to those who suffer, bringing pardon or at least mitigation of punishment.

"Medicine in its scientific aspect studies laws; indeed the simplest definition of science is the knowledge of law; and probably there never was a time in the history of human thought and scientific study when the prevalence of law was more generally and earnestly insisted upon. Yet we can turn from Huxley and Herbert Spencer to one of the great lights of the English Church, more than two centuries ago, and find declarations as positive and comprehensive as any that meet the ear in modern times. Take this passage from Hooker's Ecclesiastical Polity, a passage which for vigor of thought and splendid rhetoric has rarely been equaled, and tell me if its inclusion is not large enough for all subjects of human study in science, our own among the number: 'Of law there can be no less acknowledged than that her seat is the bosom

of God, and her voice the harmony of the world. All things in heaven and on earth do her homage, the very least as feeling her care and the very greatest as acknowledging her power; both angels and men and creatures of what condition soever, though each in different sort and manner, yet all with uniform consent admiring her as the mother of their peace and joy.' There can be no antagonism; nay, there is harmony between medicine and theology thus presented. So too the following passage from one of the most brilliant of modern writers (Ruskin) would receive the complete assent of most physicians: 'As you know more and more of the created world you will find that the true will of its Maker is that its creatures should be happy; that he has made every thing beautiful in its time and in its place, and that it is chiefly by the fault of men, when they are allowed the liberty of thwarting his laws, that creation groans or travails in pain.'

"However, disobedience to law is frequent, and the peace and joy are disturbed, and creation does groan and travail in pain. Not only do the violators themselves suffer, but they often involve others in a common calamity, like the blind Samson. And when the innocent—innocent so far as directly transgressing—suffer, are we, the priesthood of medicine, to read off God's decrees, and pronounce the suffering punishment for some moral cause? Not thus did a famous physician years ago, as the following incident testifies. Passing along with some of his pupils, a case of blindness in an adult, most probably congenital cataract, was presented him, and those pupils were anxious to know the cause of this affliction. It could not be a punishment for his own sin, for he was born blind; but had not his parents done something very bad? The answer came promptly from his lips, silencing those unjustly-judging pupils: 'Neither hath this man sinned nor his parents, but that the glory of God might be manifested,' and he immediately gave him his sight. The glory of God manifested in giving vision to the blind man; and is it too much to say that the physician, in his daily work of healing the sick, is also manifesting that glory? And then is it too much to claim for medicine that she especially meets the two great ends which Lord Bacon declared the true objects of human learning, 'the glory of God and the benefit of man's estate.'

"So far as personal religion on the part of the medical practitioner is concerned, let me say it can hardly be thought, even by

the most skeptical, that a true religious faith and practice militate in the least against the performance of professional duties, or detract in the slightest from the excellence of medical character; nay, rather that they assist the one and enhance the other. No one will judge Boerhaave a weaker man because he spent the first hour in each day reading the Bible and in prayer. No one will think that one of the most extraordinary men of the century, the late Sir James Simpson, should have any less honor because he took an active part in religious meetings; nor will the reader abate a tithe of his admiration for Thomas Sydenham when he finds in his tract on dysentery that the gifted author pauses in considering the disease to utter the words, 'And truly I can not here forbear mentioning with gratitude that Omnipotent God, the giver of all good things, has not provided any other remedy for the relief of wretched man, which is so able either to quell more diseases or more effectually to extirpate them, than opiate medicines taken from some species of poppies.'

"The other presents received by the graduate were an open and a closed book; the one signifying the knowledge already obtained, and the other that which he should diligently seek.

"No matter how faithfully a student may have worked during his medical pupilage, he has only entered the vestibule of a vast temple, only touched upon the shore of an immense continent. It is to be feared that many relinquish study, or at best become only case-readers. The reasons for such neglect of systematic study are in part the natural indolence of the human mind, the diversions of social life, the temptations of business speculations or of political management, and above all a want of true love for medical knowledge and of just appreciation of its value.

"Disguise it or explain it as we may, there sometimes is a downright antagonism between Young Physic and Old Physic; the former being disposed to exaggerate the value of knowledge derived from books and teachers, while the latter, who has seen the rise and fall of so many theories, and has seen too material changes in therapeutics, trusts chiefly to that knowledge derived from his own personal observation and the

'Old experience that doth attain  
To something like prophetic strain.'

"Young Physic commences his professional career brimming with good resolutions; his brain is full of theories, pictures, and

definitions; he is cognizant of all bones, muscles, nerves, blood-vessels; knows all the fanciful names with which the old anatomists were so generous, from trees of life, forks, bridges, triangles, etc., to Turkish saddles. He is familiar with all the wonderful instruments of modern medical research, and has invested some of his last dollars in supplying himself with a goodly share of them. He can enumerate and describe diseases, and is omniscient of *râles* and *rhonchi*; and not to multiply his qualifications, as the crown and conclusion of his scholastic attainments, can repeat the barbarous terminology of recent chemistry without fracturing his tongue. His diploma he possibly regards as a certain passport to public favor, an open *sesame* to the homes of the sick.

"But Old Physic, who perchance never attended more than one course of lectures, and that thirty or forty years ago; whose library of venerable volumes might be carried in a market-basket, and who is careless of medical journals, but who has the unpurchasable knowledge drawn from intelligent experience, keeps most of the practice, and his ambitious young rival becomes digusted at the want of public appreciation, murmurs against it very much in the spirit, though of course not in the manner, of the complaints by Tennyson's 'Northern Farmer' when he has to die, suggesting that God Almighty does not know what he means in taking him:

'A mowt 'a taaken Joanes, as 'ant 'aapoth o' sense,  
Or a mowt 'a taakin Robins—a niver mended a fence,'

and in his disgust declares there is no use in studying. Where such conditions exist there is a mistake on the part of each. Each has knowledge that would be beneficial to the other; and if there were always, as there oftentimes is, a mutual recognition of this fact, they can be wonderfully helpful to each other.

"But this error is not the only one Young Physic commits in relinquishing his studies. No matter how slow the public may be to recognize his qualifications, no matter even how greedily they may run after all manner of quackeries and medical abominations, let him patiently bide his time, strengthening himself for those responsibilities which are sure to come to every faithful worker in medicine, responsibilities that are sometimes of almost crushing weight. Immediate entrance into a large practice, whether obtained by accident or by cunning and dishonesty, is generally an unmitigated curse to the young physician. Neither will natural indolence nor disappointment at delayed success, either leading to neglect of study,



be excused by the remark sometimes made, 'I am not going to practice in a city, nor even in a town, only in a village, and I know enough for a country doctor.'

"Here again two or three grievous errors. Human life is just as sacred, disease just as difficult of comprehension in the country as in the city; and there are country doctors that are the peers in medical knowledge, in culture and professional skill, of any of their city brethren. Country doctor indeed, and consultant many miles and hours away, with some one of those terrible emergencies pressing upon you, a human life trembling in the balance, emergency taxing the wisdom and skill of the highest, how can any mediocre attainments satisfy either your intellect or your conscience!

"Country doctor indeed, and therefore no grand achievement for you, no great discovery to be made!

"Within the first decade of the present century a country doctor in Kentucky made the greatest surgical triumph of the century, opened the way by which hundreds of human lives have been saved, and he became the teacher of the professional world. Some time in the sixth century one of the most horrible and fatal diseases was first observed. It raged unchecked among the civilized and savage, devouring human beings as Saturn his offspring, until millions and millions were its victims, France alone contributing thirty thousand every year. It raged unchecked for twelve centuries; but in the year 1776—immortal in the history of this republic, immortal in the history of medicine—there was the dawn of the grandest discovery ever made—a discovery which was to rob death and the grave of these untimely victims, saving more lives than all the wars since then have destroyed—and he who made it and successfully worked it out to its great conclusion was only a country doctor! Ah! the names of Ephraim McDowell and Edward Jenner can no more be blotted out from the annals of medicine than the stars from the firmament.

"Now surely with such illustrious examples no one will wrap the garment of sloth around him and lie down to pleasant dreams. The Master one day will demand his own with usury. Dream with the sublime possibilities which stand in the foreground and beckon you on to triumph, or at least heroic endeavor. Dream, with so many treading the *via dolorosa* and sinking into premature graves. Dream, with *Misericordes* rising from every land and floating on every breeze. Dream, with that closed book vastly larger than the one

you have opened and studied; that closed book whose pages no mortal, even unto the latest times, shall ever fully master, but which in their richness of knowledge and affluence of blessing are a true El Dorado. No, other things are believed of you. Hopes bright as day mantle your future. See to it that the world is better for your living in it, that medicine is exalted in your hands, and the people will rise up and call you blessed.

"Did time permit, many other topics involving your future conduct might be presented. For example, your relations with members of the regular profession; and I would urge you to beware of even forming, still more of expressing, hasty opinions, either favorable or adverse, for few persons move in active life without veils; and also to beware of hasty friendships and confidences. So far as so-called irregular practitioners are concerned, personally let them be treated with such courtesy as their social character may entitle them to, having no concern or criticism for their medical beliefs. While you condemn dishonorable conduct in high or low, never meet violations of professional honor by corresponding acts on your part, and thus getting even, as it is said; rather make the golden rule your guide, as you would they should do unto you. You will be astonished and pained sometimes to find that men in their greed for gain, or from some natural moral obliquity, men from whom you would expect better things, will be guilty of conduct in reference to getting or keeping patients, the counterpart of which in high-toned commercial circles would be regarded as dishonorable and dishonest, and that the Code of Ethics generally adopted by medical organizations, even if it were ten times more stringent, can never right all these wrongs or prevent these evils; but the derelictions of others should only induce greater circumspection on your part, so that you shall acquit yourselves in all emergencies not only as skillful physicians, but as high-toned gentlemen.

"I should like to urge upon you the importance of keeping a daily record of your practice; of being not only readers of some of the best medical journals, but also of being contributors thereto as occasion may offer; of connecting yourselves with local, state, and national medical organizations; of not only diligently pursuing your professional studies, but also of cultivating some science or art allied to medicine in part as recreation and discipline, and in part for the positive help it may be. Some acquaintance too with

general literature ought also to be the possession of every member of a liberal profession.

"What is to be your treatment of female practitioners? No matter what you may believe on the abstract question of women studying medicine, these are to receive all the professional courtesies you would give to those of your own sex having similar qualifications.

"A word as to suits of malpractice which just now are threatening to become in this state epidemic, or rather *epimedic*, if such a barbarism can be tolerated. Never advise, never countenance one of these, no matter what the provocation or who the prosecuted. Better that nine guilty men should escape than one innocent man should suffer is, I believe, one of the humane maxims of the law; and if this be true, no suit for malpractice has ground to stand upon a single minute.

"The pathway upon which you have entered has its thorns, its glooms, and its perils. You can not always command success, and you will sometimes meet with unjust censure. The defection of fickle friends, the misrepresentations of envious rivals, your mistakes—for doctors are not infallible, and mistakes you will sometimes make—and the imperfection of our art will try you as the furnace tries the gold, as the storm tries the mountain-rooted oak. Only see to it that you are purer for the fire and stronger for the storm. But the pathway has its fragrant flowers, its golden sunshine, and the good is vastly more than the evil.

"Summon up all your energies for the conflict; gird yourself for the race; accept humbly but bravely your God-given labor, and you can not fail. The commander in a great battle is doing a sublime work. Those thousands and ten thousands of soldiers are mere automata, moving obedient to his will. Now, with all the horrible enginery of war, he holds them in his hand like thunderbolts, and now he launches them forth on their swift mission of death, and writes in the wreathing cannon-smoke and in the writhing bodies of prostrate foes that one word supreme in his mind—victory. So too the leader of a great orchestra, an orchestra of many voices and instruments: at a look, at a gesture from him, silence is no more, the great deeps of sound are broken up, and the flood pours forth, wave upon wave spreading wider, swelling higher, billow surmounting billow, as if to rock the deep foundations of the earth and assault the very heavens with tumultuous

raving; but the magic wand of the leader guides all these separate forces, compels and combines all these mighty utterances into one common harmony, into one sublime melody. But grander, sublimer than aught ever accomplished on battle-field or orchestral stage is the bringing a human soul in harmony with divine law, concentrating and combining all its high powers upon a single noble purpose in life, subduing all evil passions, and kindling upon its altar a flame of celestial light and love. This is a victory bringing an immortal crown. This is a music whose sweet melodies shall float beyond the stars, and may endure when the stars shall perish. Unto this eternal harmony and unto this sublime victory, my brothers, are you called to-night.

LIQUOR FERRI PERCHLORID IN CANCEROUS ULCERATION OF THE UTERUS.—Dr. Gibb (*British Medical Journal*) states that he was induced to employ the solution of the perchloride of iron in such cases from observing its beneficial action in an obstinate case of hemorrhage arising from enlarged vascular granulations in the uterine cavity. He gives the history of four cases in which the application of the solution was more or less useful, but he draws a distinction as to the chances of success between the cases where the cancer is hard and embraces the whole of the uterus and those where the disease is epitheliomatous, spreading over the vagina, and throwing out toward the surface exuberant vascular fungoid granulations.

In the latter Dr. Gibb thinks that the application of cotton-wool soaked in the solution of iron clears away the greater part of the diseased growth, allows reparative efforts to be made by the comparatively healthy structures underneath, and hastens cicatrization. When the disease is purely epithelial and chronic and rodent in character, and confined to the surface, the treatment described has done most good, and appears to Dr. Gibb to cure even bad cases.

The application rarely causes pain, except where the solution has accidentally flowed over the adjacent parts, which have been thereby blistered and painfully excoriated. He

therefore takes care to limit the application to the diseased part alone. He has always used the strongest pharmacopœial solution undiluted, as he wishes to secure a caustic action. At first he applied it on a piece of sponge or lint, but finally he found cotton-wool to answer best, as this sucks up any quantity that may be required, parts with it easily, and can be molded into any form, so as to fill a cavity or cover over and adhere to any growth.

THE ALDEN CORPSE CREMATING COMPANY.—The following readings on the coming funeral urns are suggested by a California paper: "Chas. Pupker,  $3\frac{1}{4}$  lbs., cremated July 9, 1879. For wife of above see third pickle-bottle on next shelf. Little Tommy, burnt up September 16, 1881. Jane Matilda Perkins, October 3, 1883. Put up by the Alden Corpse Cremating Company. None genuine without signatures."

DR. D. W. YANDELL:

I have just read Dr. Gross's valedictory address. I do not propose any review of it. It contains a single paragraph, however, to which I wish through your journal to call attention. Not as an opinion peculiar to Dr. Gross—it is entertained by many—but as this is the most recent public expression of it, I ask a moment's consideration of it.

Touching the education of medical men, he says, "I should first and foremost exact as an essential prerequisite that every youth applying for admission into our ranks should be a gentleman; secondly, that he should possess a respectable amount of brains; and thirdly, that he should have a good English education, with a sufficient knowledge of the Greek and Latin languages to enable him readily to comprehend and master the technicalities of his profession." To this end he would enforce a longer period of preparatory study.

Is it not time that the medical men of this country were setting their faces against the wonderful facility with which

doctors are made? The professors in the cities and the practitioners in the country are alike responsible for this lamentable state of things. Doctors are made with more readiness than a common handicraftsman. An uncouth country-boy can not be taught to make a saddle as readily as we teach the same youth to medicate the ills which flesh is heir to.

A very common answer to this position is that these unqualified men soon drop out of the profession and out of sight. They should never have been in the profession. They derogate from its dignity, for they start off with its honors—its degree of M. D. Dr. Gross says, "Few persons are aware that medicine is a great study, requiring a high order of intellect, vast research, and incessant training for its successful practice. Many persons look upon us as if we were so many mechanics, artisans, or tradesmen, forgetting that it takes brains to make a doctor."

Do not our schools prove to the world every year that the people's estimate is well founded? A boy that can not run a straight furrow or drive a nail or make a respectable martin-box is very good material out of which to make a doctor. If he can not read with any fluency a newspaper paragraph nor write with any accuracy a domestic letter, he is still scholarly enough to take in and add to the literature of a profession which is said to be "learned."

Is it not time, I say, that the medical men, practitioners and professors, in country and city, should *demand* a little more? I think so.

MEDICUS.